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INTAKE FORM

Date _____

Name _____

Birth Date _____

Address _____

Phone _____

Email _____

What's the emotional problem(s) you're having? _____

What are your primary symptoms? _____

Have you previously been in therapy? _____

If so, for how long? _____

If so, who was your therapist and what therapy modality did they use?

Was that therapy successful? _____

Any medications? _____

Would you like your faith to be part of your therapy? _____