

Brighton Family Counseling
Confidential Intake Request

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

What type of counseling are you looking for (please check all that apply)?

____ Individual ____ Marital ____ Family ____ Group

____ Other (Please Specify) _____

Briefly state what your current situation is and what you hope to achieve through counseling.
