



New Path Counseling LLC

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New Path Counseling LLC intake form

You may choose not to answer some of these questions, and if you have questions about this form, we can discuss them when we meet. Please know that if you are using your insurance provider, most of these questions will need to be completed for purposes of billing.

Name _____ Age/date of birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell _____

Consent for a return phone call? Yes _____ No _____

Is it ok to leave a message at any of these phone numbers? Yes _____ No _____

Email _____

Household size _____ Number of children if any _____

Health care Coverage? Yes _____ No _____ If yes who with _____

How do you define your gender? _____

How do you define your race or ethnicity? _____

How do you define your sexual orientation? _____