Barbara Lauer, LCSW

Intake Contact Form

PERSONAL INFORMATION

Full Name (include nickname)

Address

Phone

Gender Identity

May I leave a voicemail?

☐ Yes ☐ No

Sexual Orientation

Email

Ethnicity

Date of Birth

EMERGENCY CONTACT

Name

Phone

MEDICAL (OPTIONAL)

Medication prescriber name

Prescriber Contact Info

GOALS & INTENTIONS

What challenges would you most like support with?

Please describe at least 3 goals or intentions you would like support with: