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### Intake Information

Please print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_ Prefers to go by: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Referred to Sanctuary by: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Email address(es): \_\_\_\_\_

Contact Preference: (Phone, Email, Mail): \_\_\_\_\_

Parent/Guardian Name (If Applicable): \_\_\_\_\_

For Students: School Name/Grade: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Type of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

**Marital Status:** (Circle one): Single Cohab Married Divorced Widowed Separated

Name of Spouse/Partner: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Email address(es): \_\_\_\_\_

Contact Preference: (Phone, Email, Mail): \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_

Type of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

If using insurance please list the person who holds the policy for the family:

**Insured Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

