**Life Spiritual Essentials, LLC.**
**Cyndi W. Bell, Christian Temperament Counselor**
Catonsville, Maryland 21228
Phone: (443) 386.2661
Email: drcyndi@lsellc.com

# COUNSELING INTAKE FORM

Please complete and email this form to drcyndi@lsellc.com before your first appointment.

Name: _____ Spouse/Partner's Name: _____

Address: _____

Telephone/Email: Please select your preference (phone call or email).

Home: _____ ☐ Cell: _____ ☐

Work: _____ ☐ Email: _____ ☐

Occupation: _____

Date of Birth: _____ Age: _____

Education:

Last Grade Completed: _____ Vocational Training: _____

Relationship Status:

Single ☐ Married ☐ Separated ☐ Divorce ☐ Widowed ☐

Children (include biological, adopted, foster, step, etc.):

| Name | Sex | Age | Relationship | Custody (yes or no) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Family Origin Information:

Who did you grow up with and where? _____

Parents' Status:

Married ☐ Divorced ☐ Never Married ☐

Date of marriage or divorce (mm/yyyy) _____

Are your parents deceased? (yes/no): Mother _____ Father _____

**Thank you for providing this information.** I look forward to meeting with you. Please feel free to discuss with me any questions or concerns at any time.

Email the completed form to drcyndi@lsellc.com.