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**Please complete this packet and bring it with you to your initial intake session.**  
**If you have any questions, we will be glad to answer them during your intake.**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Okay to send mail to this address? Yes  No

Okay to communicate via email? Yes  No  Email address: \_\_\_\_\_

Employer \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Ok to leave message on an answering machine? Y N

Cell ( ) \_\_\_\_\_ Ok to leave message on voice mail? Y N

Ok to text at this number? Y N

Work ( ) \_\_\_\_\_ Ok to contact you/leave message at work? Y N

Circle One: Single / Married / Divorced / Separated If married, date of current marriage \_\_\_\_\_

Spouse's/Partner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Okay to send mail to this address? Yes  No

Okay to communicate via email? Yes  No  Email address: \_\_\_\_\_

Employer \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Ok to leave message on an answering machine? Y N

Cell ( ) \_\_\_\_\_ Ok to leave message on voice mail? Y N

Work ( ) \_\_\_\_\_ Ok to contact you/leave message at work? Y N

Please list additional family members living with you:

|    | Name  | Relationship | Date of Birth | Employer/School |
|----|-------|--------------|---------------|-----------------|
| 1. | _____ | _____        | _____         | _____           |
| 2. | _____ | _____        | _____         | _____           |
| 3. | _____ | _____        | _____         | _____           |
| 4. | _____ | _____        | _____         | _____           |

Physician \_\_\_\_\_  
Name Address Phone #

Name / phone number of emergency contact: \_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_