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New Client Intake

Name: _____
First Name, Middle Initial, Last Name

Address: _____
Street, City and Zip Code

Preferred Phone Number _____ Gender: _____ Race _____

Date of Birth: _____ Marital Status: _____

In Case of Emergency, Please Contact:

Contact Name, Phone Number, Relationship

Reason for Appointment

1. Self Referral _____ 2. Attorney Referral _____ 3. Court Referral _____ 4. Other _____

Please list Referral Source _____

Presenting Problem/Issue

I am currently seeing a:

1. Counselor __ 2. Psychologist __ 3. Psychiatrist __ 4. Other _____

Reason for seeing above professional: _____

Current Mental Health Problems/Diagnosis

Please Describe

Please list anything else you would like Kevin to know.

Client or Legal Guardian Signature

Date