

**THE POWER PATH LLC, dba Olufemi's Professional Counseling Services**

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**Adult Intake Form**

Please complete all sections

DATE \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Can we text, email you? Y N email address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

*Your confidentiality of mental health information is protected in this office. Please do not text or email anything private.*

Employer \_\_\_\_\_ PCP Name \_\_\_\_\_ Medical concerns \_\_\_\_\_

Romantic Relationship: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Same Sex Couple \_\_\_\_\_ Poly \_\_\_\_\_ Open \_\_\_\_\_ Religion/Spiritual orientation \_\_\_\_\_

Self-Identity: Cis (straight) F \_\_\_\_\_ M \_\_\_\_\_ Queer \_\_\_\_\_ Gender-neutral/non-binary \_\_\_\_\_

LGBQ \_\_\_\_\_ Transgender \_\_\_\_\_ Transitioning \_\_\_\_\_ M to F or F to M Other \_\_\_\_\_

Preferred pronouns \_\_\_\_\_ ?

Spouse/Life Partner (s) \_\_\_\_\_

How Long? \_\_\_\_\_ Please list names and dates of birth of all children \_\_\_\_\_

*Feedback-Informed Treatment (FIT)—“I invite ongoing feedback in the process our working relationship to boost the effectiveness of therapy to enhance your wellbeing. I am better equipped to adjust treatment accordingly when I know how you feel.” Olufemi Sharp, MA, LPC*

**PRIMARY HEALTH INSURANCE**

Insurance Name \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to Client \_\_\_\_\_ Insurance ID# \_\_\_\_\_

**\*\*Please provide the primary insurers date of birth**

**EMERGENCY CONTACT:** (please list a name)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

**Please notify the provider before the start of services if you are using EAP services. The appropriate authorization/billing forms must be presented to the provider before services in order to honor EAP services. Otherwise, individuals will be required to pay the out-of-pocket copay amount until appropriate authorization/billing forms are received.**