

# AMS Counseling and Consultation, LLC

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## *Intake Form*

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Business Name: \_\_\_\_\_ Number of Years in Business (if applicable) \_\_\_\_\_

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

Website: \_\_\_\_\_

Do I have permission to mail you? \_\_\_\_\_

Preferred mailing address: Home \_\_\_ Office \_\_\_

Email Address \_\_\_\_\_ Do I have permission to email you? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

How were you referred to my office? \_\_\_\_\_

What are your business goals?

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Describe the strengths you bring to your business:

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Describe your main challenges:

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List the top ways you have generated quality referrals:

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What sets you apart from your competition?

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What part of your business/profession do you enjoy most?

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What part of your business/profession do you least enjoy?

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**Client Signature**

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**Date**