



First and Last Name:

Email:

Phone Number:

Date of Birth:

Which provider do you prefer?:

- Ranada Dalton, LMHC, LPC, MAMFT,
- Joan Morse, MAMFT
- Marci Grayson, LMHC, CHT
- Andre' Terrett, M.Ed.
- No Preference

What time of day are you requesting a session?:

What prompted you to seek services?:

Do you feel suicidal, at risk of self-harm, or have feelings of harming others?:

How do you plan to pay for services? If using insurance, please include insurance name, ID number, group number, home address and phone number of insurance.:

Please allow 24-48 business hours for a response. If you have an immediate question, you can call or text 317-969-5694. Thank you for choosing Empowered Living.