

Intake Information

Please circle phone numbers where it's okay for me to leave confidential messages

Date _____ Referral Source _____

Name _____ DOB _____

Address _____

City, State, Zip _____ H. phone _____

Occupation _____ W. phone _____

Employer _____ C. phone _____

Marital Status married/years _____ divorced/years _____ unmarried/age _____

Check one: partner spouse parent child sibling of above named

Name _____ DOB _____

Address _____

City, State, Zip _____ H. phone _____

Occupation _____ W. phone _____

Employer _____ C. phone _____

Marital Status married/years _____ divorced/years _____ unmarried/age _____

Please briefly describe your main reasons for seeking psychotherapy at this time.

If you are planning to use insurance benefits, please provide your most current insurance card for photocopying. I am a contracted provider with Premera and their affiliates and an **out of network mental health provider** for any other insurance plan. If you are insured outside the Premera network, please describe here your benefits as described by the customer service representative for your insurance plan.