

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 _____

Personal Email _____ Mobile _____

Occupation _____ H. phone _____

Employer _____ W. phone _____

Marital Status married-years_____ divorced-years_____ unmarried/not partnered

Name of insured _____ DOB _____

Employer of Insured _____

Relationship to above named: partner spouse parent child sibling

Name _____ DOB _____

Address _____

City, State, Zip _____

Email _____ Mobile _____

Occupation _____ H. phone _____

Employer _____ W. phone _____

Marital Status married-years_____ divorced-years_____ unmarried/unpartnered

Briefly describe your main reason(s) for seeking psychotherapy at this time.

Please provide your **most current insurance card** for photocopying. I am a contracted provider with Premera and their affiliates. For any other insurance plan I am an **out of network mental health provider**. If you are insured outside the Premera network, please plan to pay the full fee for services at the time of your sessions. I will send (or provide the needed information for you to send) claims to your insurance company for your reimbursement.