

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 Age\_\_\_\_\_

(If using Insurance)

Name of insured \_\_\_\_\_ DOB \_\_\_\_\_

Employer of Insured \_\_\_\_\_

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Relationship to above named:  partner  spouse  parent  child  sibling

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ H. phone \_\_\_\_\_

Occupation \_\_\_\_\_ W. phone \_\_\_\_\_

Employer \_\_\_\_\_ C. phone \_\_\_\_\_

Marital Status  married-years\_\_\_\_\_  divorced-years\_\_\_\_\_  unmarried Age\_\_\_\_\_

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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.