

**CLIENT INTAKE FORM**

Note: If you are unable to keep your scheduled appointment, please give 48 hours notice; otherwise you will be charged the full session fee. Exceptions may be made only in cases of emergency.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I leave a message? Yes No

Cell/Other Phone: \_\_\_\_\_ May I leave a message? Yes No

Email: \_\_\_\_\_ May I email you? Yes No

**\*Please note: Email correspondence is not considered to be a confidential medium of communication.**

Referred by (if any): \_\_\_\_\_

Or internet: Google Bing Yahoo Psychology Today AASECT Counseling Seattle Network Therapy Other  
With Search Words: \_\_\_\_\_

Insurance does not generally cover couples counseling since a diagnosis of Z63.0 for relationship distress is not considered to require medically necessary treatment. Do you intend to submit out of network claims to your insurance company? Yes No

If so, please provide all the information on your insurance card in case I need to provide them with an estimate of out of network charges.

How do you self-identify in terms of biological sex/gender/sexual orientation?

Is this identity impacting your situation or the issues that are bringing you into therapy? If so, how?

How do you self-identify in terms of race/ethnicity/culture?

Is this identity impacting your situation or the issues that are bringing you into therapy? If so, how?

Relationship Status (partnered, married, single, etc.):

Have you been tested for HIV? If so, when was your most recent test?

Have you been tested for other STIs? If so, when were you tested?

If you are sexually active, what steps are you taking to practice safer sex?

Reason(s) for seeking therapy:

What is your work situation and how satisfied are you with it?

Are you currently being treated by a medical practitioner? Yes No

If yes, who is the provider and for what purpose are you seeing him or her?

Are you currently taking any medications? Yes No

If yes, please specify:

Do you have any chronic medical or physical conditions? Yes No

If yes, what are they and how do they affect you?

How would you describe your satisfaction with your sex life?

Are you struggling with any sexual concerns? Yes No

If yes, what are they and how do they affect you?

How frequently and in what quantity do you use alcohol? Drugs? Have you or anyone in your life been concerned with your use of either one?

Have you previously been in psychotherapy? Yes No

If yes, what was helpful and what was not?

Have you experienced (in the past or present) suicidal thoughts, suicide attempts and/or psychiatric hospitalizations? If so, please describe:

Have you or a loved one experienced any dramatic change or event recently? Is there anything else you think I should know? (Please use back of form if needed)