

Shelley White, MA, LMHC

144 Railroad Ave Suite 205
Edmonds, WA 98020

1040 N.E. Hostmark St.
Poulsbo, WA 98370

Intake Form

Date _____ Name (Last, first) _____

Address _____

City _____ State _____ Zip _____

Email address _____

Is it acceptable to email you? Y / N

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

Phone _____

Is it acceptable to leave a message on your phone? Y / N

If "no", how can I contact you? _____

Ok to text? Y / N

Sex: M / F / O DOB _____

Insurance Company: _____

Policy # _____ Group # _____

Insured's Name _____ DOB _____

Your relationship to Insured: _____

Insured's Home Address _____

Insured's Phone # (hm) _____ (wk) _____ SS# _____

Insured's Employer _____

Are you currently under medical care? Y / N

If yes, then please explain/describe.

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Are you currently taking prescribed medications? Y / N
If yes, then please explain/describe.

List any psychiatric/mental health medications you have taken and when.

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N
If yes, please give the name, date, and location of the therapy and briefly explain the nature of the problem that required attention:

Have you been hospitalized during the last six months? Y / N
If yes, then please explain/describe.

Please circle any of the following issues/struggles that pertain to you:

Anxiety	Depression	Fears/Phobias	Eating Disorders
Sexual Problems	Suicidal Thoughts	Separation/Divorce	Relationships
Finances	Drug/Alcohol Use	Career Choices	Anger
Self-Control	Unhappiness	Insomnia	Religious Matters
Work/Stress	Health Problems	Cutting/Self-Mutilation	Thought Patterns

Other _____

For how long do you envision yourself coming to counseling (i.e., just a few sessions, three months, six months, a year)?

Comments: _____
