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### Client Intake Form

The information in this form is helpful to me for clinical reasons and also emergency situations. However, if you are uncomfortable having this information in your clinical record, feel free to leave any part of the form blank and we can talk about the information instead. *Couples please fill out separate forms.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of birth \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Work  Cell  \_\_\_\_\_

Insurance (If applicable) \_\_\_\_\_

Insured's Name (if other than yourself) \_\_\_\_\_ Bill insurance? Yes  No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Date of last physical \_\_\_\_\_

Previous counseling or psychotherapy \_\_\_\_\_

\_\_\_\_\_

Current or chronic health problems \_\_\_\_\_

\_\_\_\_\_

Regular medications \_\_\_\_\_

\_\_\_\_\_

Drug/alcohol use \_\_\_\_\_

\_\_\_\_\_

What brings you to therapy at this time? \_\_\_\_\_

\_\_\_\_\_

Any other information you would like me to know before we begin? \_\_\_\_\_

\_\_\_\_\_