

4041 Ruston Way Suite 202 Tacoma, WA 98402 | 253-254-6681

Confidential Client Intake

Full Name _____ Date of Birth _____ Age _____

Preferred name/nickname: _____ Gender: _____ Preferred pronouns: _____

Unemployed/retired

Employed Full time Part time

Student

Employer: _____

School: _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Preferred Phone:

May I leave a detailed message at this #?

Cell: _____

Yes No Text

Alternate: _____

Yes No Text

Work: _____

Yes No Text

E-mail address* _____

**you will receive a link to register for patient portal*

Emergency Contact _____ Relation _____

Phone # _____ Alternate # _____

Reason for seeking therapy: _____

Prior mental health diagnoses: _____

Relevant health concerns: _____

Medications: _____