

2205 N. 30th St. Ste# A. Tacoma, WA 98403 | 253-254-6681

Confidential Client Intake

Full Name _____ Date of Birth _____ Age _____

Gender: _____ Preferred pronouns: _____ Relationship status: _____

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* _____

**only if you consent to receive contact by e-mail.*

Emergency Contact _____ Relation _____

Phone # _____ Alternate # _____

Reason for seeking therapy: _____

Prior mental health diagnoses: _____

Relevant health concerns: _____

Medications: _____