

Becky Askland
Counselor, MACP

18706 North Creek Parkway
Suite 103
Bothell, Wa 98011

Intake Form

Date _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Referred by _____

Sex (M/F) _____ Date of Birth _____

*Home Phone _____ Cell Phone _____

Is it acceptable to contact you at home? Y / N

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

Email Address _____

Are you currently under medical care? Y / N

If yes, then please explain/describe. _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

Have you ever been under the care of a psychiatrist, psychologist, or counselor? Y / N

If yes, please give the date and location of the therapy, and briefly explain the nature of the problem which required attention.

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

- | | | | |
|-----------------|-------------------|--------------------|---------------------|
| Anxiety | Depression | Fears/Phobias | Eating Disorders |
| Anger | Drug/Alcohol Use | Separation/Divorce | Relationship Issues |
| Health Concerns | Religious Matters | Self-Harm | Lack of Joy |

Please list any other struggle(s) that has brought you to therapy at this time.

Please list your immediate family and/or people who live with you:

Name	Relationship	Age	Live w/you?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____