Individual Intake Form

Wendy E. Smith, MA, LMHC
2212 Queen Anne Ave N, Box 304, Seattle, WA 98109
(206) 965-8749
www.wendysmithcounseling.com

Today's date:_____

Name:_____ Date of birth:_____ Age:_____

Address:_____

_____

Phone number:_____ Okay to leave a message? Yes☐ No☐

Email:_____ Okay to use for scheduling? Yes☐ No☐

How did you find out about me or who referred you? _____

Occupation:_____

Religious affiliation, if any:_____

Ethnicity:_____

Other way you identify yourself that is important to you:_____

Emergency contact: _____

Phone:_____ Relationship:_____

Who else (if anyone) lives in your household (i.e., roommate, partner, children, dog)?

What is your relationship status (i.e., single, partnered, widowed, divorced, other)?

Are you presently suing anyone or thinking of suing anyone, involved in, or likely to be involved in, a custody case, or otherwise involved with the legal or court systems?

Yes☐ No☐

Have you ever received counseling, psychiatric, or drug or alcohol treatment before?

Yes☐ No☐
If yes, please explain:

Have you ever been hospitalized for psychiatric reasons? Yes☐ No☐
If yes, please explain:

Who is your primary care doctor and/or where do you receive medical treatment?

Doctor:_____

Facility:_____

Address:_____

Phone:_____

If you are being treated by a psychiatrist, who is your psychiatrist?

Doctor:_____

Facility:_____

Address:_____

Phone:_____

Please list any physical health problems you currently have and how long you have had them:

Please list any disabilities of any kind that you have and how long you have had them:

Please list all prescription medications you currently take, followed by over-the-counter medications and supplements. Include dosage per day and reason:

Please complete the following table regarding your chemical use:

Substance	Check all that apply	How often? (specify amount per day or per week)
Coffee	☐	
Tea	☐	
Pop/ soda	☐	
Energy drinks	☐	
Beer, wine	☐	
Hard liquor	☐	
Tobacco	☐	
Cannabis, marijuana, pot, weed	☐	
Methamphetamine	☐	
Heroine	☐	
Cocaine, crack cocaine	☐	
Inhalants (glue, paint thinner, gasoline)	☐	
Opioids	☐	
Other similar substances (list below)		
	☐	
	☐	
	☐	
	☐	
	☐	