

Josh Sandoz, MA, LMHC

200 1st Avenue West Suite 400
Seattle, WA 98119
(206) 914-7115
josh@joshandoz.com

Intake Form

Date _____ Last Name _____ First Name _____

Gender _____ Date of Birth _____ Occupation _____

Address _____

City _____ State _____ Zip _____

*Home Phone _____ Work Phone _____

Is it acceptable to call and leave a message at your home phone? Y / N

Is it acceptable to call and leave a message at your work phone? Y / N

Email Address _____

Is it acceptable to contact you by email? Y / N (Please note, there is no obligation to use email, as it is not completely secure, and cannot guarantee that information transmitted will remain confidential.)

If no to all three, then how can I contact you/leave a message? _____

Are you currently under medical care? Y / N

If yes, then please explain/describe. _____

Name of Personal Physician & Phone Number _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

List any psychiatric/mental health medication you have taken. _____

Intake Form (page 2)

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

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

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

- | | | | |
|--------------|-------------------|-------------------------|-------------------|
| Anxiety | Depression | Fears/Phobias | Eating Disorders |
| Grief/Loss | Suicidal Thoughts | Separation/Divorce | Relationships |
| Finances | Drug/Alcohol Use | Career Choices | Anger |
| Self-Control | Unhappiness | Insomnia | Religious Matters |
| Work/Stress | Health Problems | Cutting/Self-Mutilation | Thought Patterns |
| Trauma | Sexual Problems | Domestic Violence | Cultural Identity |

Other _____

How were you referred to Josh Sandoz? _____

Emergency Notification

In case of emergency, please notify:

Name _____

Address _____

Phone _____

Relationship _____

Client Signature (for those 13 years or older)

Date

Parent/Guardian Signature (of those younger than 13)

Date