**Deb Montgomery, LMHC**

5306 Ballard Avenue NW, Suite 315
Seattle, WA 98107

## Intake Form

Date _____ Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

*Home Phone _____ Work Phone _____

Sex (M/F) _____ DOB _____

Is it acceptable to contact you at home? Y / N
If "no" then how can I contact you? _____

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 medications you have taken. _____
_____

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 which required attention. _____
_____

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

| | | | |
|---|---|---|---|
| Anxiety | Depression | Fears/Phobias | Eating Disorders |
| Sexual Problems | 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 |