

CLIENT INTAKE FORM

Today's date: _____

(for office use) DSM V: _____

Identification

Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Social Security #: _____

Home street address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Place of Birth? City: _____ Country: _____

When did you immigrate to the United States? _____

Home phone: _____ May I call this number? Y N Leave a Message? Y N

Cell phone: _____ May I call this number? Y N Leave a Message? Y N

Email: _____ May I email you? Y N

Your current employer

Employer: _____ Occupation: _____

Address: _____

Work Phone: _____ May I call this number? Y N Leave a message? Y N

Insurance Information

Name of Insured: _____ Social Security #: _____ DOB: _____

Primary Insurance Company: _____

Address: _____ Phone: _____

Subscriber/ ID #: _____ Group #: _____

Heidi D. Montoya, Ph.D.
Licensed Clinical Psychologist
WA PY 60336314
heidi.d.montoya@gmail.com

818 12th Avenue
Seattle, WA 98122
Ph: 206.329.5255 ext. 316
Fax: 206.726.1878

Name of Insured: _____ Social Security #: _____ DOB: _____

Secondary Insurance Company: _____

Address: _____ Phone: _____

Subscriber/ ID #: _____ Group #: _____

Medical & Referral Information

Name of Physician: _____ Phone: _____

Name of Therapist/Counselor: _____ Phone: _____

Who referred you to our office? _____ Relationship: _____

Household Information

Spouse Partner Name: _____ Phone: _____

Occupation: _____

Others in Home:	Gender:	Age:	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Information

If Emergency, Contact: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Legal Next of Kin: _____ Relationship: _____

Heidi D. Montoya, Ph.D.
Licensed Clinical Psychologist
WA PY 60336314
heidi.d.montoya@gmail.com

818 12th Avenue
Seattle, WA 98122
Ph: 206.329.5255 ext. 316
Fax: 206.726.1878

Address: _____

Home Phone: _____ Work Phone: _____

Problem Information

Please briefly describe your reason for seeking psychotherapy at this time.

Have you ever sought therapy before? How was it helpful?

What have you tried to help deal with your current problem? Has it been helpful?

What are your goals for therapy? What would you like to see change?
