



Paul Baxter, L.M.H.C., M.A.
 2722 Colby Ave. Ste. 626 Everett, WA 98201
 (425) 381-0180
 www.counseloreverett.com

INTAKE FORM

Contact Information

Name _____ Date _____ DOB _____

Address _____

Home number _____ Can I call you here? ___ Can I leave a message? ___
 Cell number _____ Can I call you here? ___ Can I leave a message? ___

Name of emergency contact _____ relationship _____
 Phone number _____ cell emergency number _____
 Alternative emergency contact _____ number _____

By who were you referred _____

Family Members	Relationship	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information

Name of personal physician & phone number _____
 If necessary, I will contact your physician. _____

When was your last doctors appointment? _____
 Please list any past medications and their effectiveness:

Please list any current medications, their effectiveness, and dosage (including herbal)

Please list current medical problems or physical complaints:

Have you ever been hospitalized for physical or mental health issues? If yes, please explain.

Please list any allergies:

Psychological Information

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

Anxiety Grief Depression Fears/Phobias Work/Stress Cutting/Self-mutilation

Sexual Problems Suicidal Thoughts Separation/Divorce Health problems Concentration

Relationships Finances Drug/alcohol use Anger Computer/Internet Thought Patterns

Career choices Self-control Body Image Sleeping Problems Religious matters

Please list major life events/illnesses/traumas & the year of each:

What is your goal for therapy or how will your life/heart be different when you no longer need therapy?

Is there anything else you would like me to know?

Office Use Only

Axis I _____
Axis II _____