



4509 TALBOT RD S
STE 105
RENTON, WA 98055

(425)-736-1604

New Client Intake

Please provide the following information and answer the questions below.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years): _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Gender: _____

Address: _____
(Street)

(City) (State) (Zip)

Preferred phone number: _____ May we leave a message? Yes No

Alternate phone number: _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

How did you hear about Granger Counseling, LLC? _____

Will you be requesting reimbursement from a health insurance company? Yes No

If yes, who is your health insurance provider? _____

How many sessions will they cover? _____

What amount will be reimbursed per session? \$ _____

What is your primary reason for seeking therapy?

What significant life changes or stressful events have you experienced recently?

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish out of your time in therapy?

Are you currently experiencing overwhelming sadness, grief or depression? No Yes

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes

If yes, when did you begin experiencing this? _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? No Yes

If yes, previous therapist/practitioner: _____

Are you currently taking any prescribed psychiatric medication? No Yes

Please list: _____

Have you ever been prescribed psychiatric medication? No Yes

Please list and provide dates: _____

How would you rate your current physical health?

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing: _____

How would you rate your current sleeping habits?

- Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing: _____

How many times per week do you generally exercise? _____

What types of exercise do you participate in _____

Which of the following do you use daily?

- Smartphone Laptop/Desktop Computer Tablet Gaming Console TV
 Handheld Gaming Device

How would you describe your relationship with technology? _____

What types of activities do you enjoy? _____

Please list any difficulties you experience with your appetite or eating patterns:

How often do you drink caffeinated beverages?

- Daily Weekly Monthly Infrequently Never

How often do you use tobacco or nicotine products (cigarettes, chew, e-cigarettes, etc)?

- Daily Weekly Monthly Infrequently Never

How often do you drink alcohol?

- Daily Weekly Monthly Infrequently Never

How often do you engage recreational drug use?

- Daily Weekly Monthly Infrequently Never

Relationship Information:

- Single Committed Relationship Married Separated Divorced Widowed

Other: _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

How long have you been in your current relationship state? _____

Please list any children/age: _____

On a scale of 1-10, how would you rate your relationship? _____

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

Addiction No Yes, _____

Anxiety No Yes, _____

Depression No Yes, _____

Domestic Violence No Yes, _____

Eating Disorders No Yes, _____

Obsessive Compulsive Behavior No Yes, _____

Schizophrenia No Yes, _____

Suicide Attempts No Yes, _____

Other: _____

Are you currently employed? No Yes

Are you currently enrolled in school? No Yes

If yes, what is your current employment/school situation: _____

Do you enjoy your work/school? _____

Is there anything stressful about your current work and/or school situation?

Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief: _____