INTAKE INFORMATION SHEET

Anne Emmett LCSW

516 SE Morrison, Suite 500

Portland, Oregon 97214

Phone: 503-238-2405

NAME:____

DATE OF BIRTH:____________________________________

PREFERRED PRONOUNS:______________________________

ADDRESS: ____

CITY/STATE/ZIPCODE:

____

____

PHONE: ____

May a message be left on this phone? YES / NO

EMAIL: ____

EMERGENCY CONTACT: Name, relationship to you and contact information:

____

CURRENT MEDICAL CONDITIONS:

____

PRIMARY HEALTH PROVIDER NAME AND CONTACT INFORMATION:

____

____

ADJUNCT HEALTH PROVIDERS/COUNSELORS YOU ARE WORKING WITH:

____

____

CURRENT PRESCRIBED AND OTHER MEDICATIONS & SUPPLEMENTS:

____

ALLERGIES: ____

PRIOR PSYCHOTHERAPY:

____

____

HOSPITALIZATIONS/RESIDENTIAL TREATMENT PROGRAM:

____

____

Legal Issues: ____

REFERRED BY: ____

Briefly state what brings you to seek psychotherapy?

____

____

IF YOU PLAN TO USE INSURANCE:

Health Insurance: ____
Address and Phone of Insurance Company:

____

____

Name of Policy Holder, their date of birth and employer (if different from you).

____

Policy# ____
Group# ____
ID # ____
What is your deductible and have you met it? What is your co-pay?

____

INSURANCE RELEASE AND AUTHORIZATION:

Your signature below indicates your consent to disclose to your insurance company information sufficient to process your claim and authorize insurance payment to Anne Emmett LCSW.

SIGNATURE: ____

DATE: ____

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