

Joanna Darsey-Moss, MA, LMHCA
2722 Eastlake Ave E, Suite 300
Seattle, WA 98102
206-427-1459
joanna@joannacounseling.com

INTAKE FORM

Please fill out as much of the intake as you can. If you have any questions, please leave that line blank and we can discuss it at the first session.

CLIENT INFORMATION

Full Legal Name _____ Today's Date: _____

Preferred Name _____

Date of Birth _____ Age _____

Gender _____ Pronoun _____

Address _____

Home Phone _____ Work Phone _____

E-mail _____

At which of the above contact methods may I leave/send a message to you? _____

Please note that email is not considered a confidential method of communication.

Emergency Contact _____ Phone Number _____

Relationship to you _____

How did you hear about me? _____

May I mention your name when I thank them for the referral? Yes No N/A

PERSONAL & FAMILY INFORMATION

Who lives with you currently:

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

What intimate relationships are you involved in:

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Name _____ Age ____ Relationship _____

Ethnic identity & background _____ Current relationship status _____

Sexual Orientation _____ Relationship Orientation _____

My birth parents: Married/together ___ Separated ___ Divorced ___ Never together ___

One/Both deceased ___ Other _____

Joanna Darsey-Moss, MA, LMHCA
2722 Eastlake Ave E, Suite 300
Seattle, WA 98102
206-427-1459
joanna@joannacounseling.com

Family of Origin [parents/step parents, adoptive parents, siblings]:

Name (first name)	Relationship to you	Age or deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anything else you would like me to know about your family of origin? _____

EDUCATION/EMPLOYMENT INFORMATION

Highest Level of Education _____ Are you currently employed? Yes No
Employer _____ Length of Employment _____
Occupation _____ Average Hours Worked per Week _____
Hobbies/Interests _____

MEDICAL/MENTAL HEALTH INFORMATION

Primary Care Physician _____ Phone _____
Address _____

Are You Currently Receiving Medical Treatment? Yes No

If Yes, Please Specify _____

List any Previous Conditions, Illnesses, Injuries, Surgeries, or Hospitalizations (including Psychiatric)

Current Medications, Dosage, and Condition Taking for

Have you ever been treated by a psychiatrist, counselor, or other mental health provider? Yes No

If Yes, Name _____ Phone Number _____

When did you receive this treatment? (Approximate month/year & duration) _____

Joanna Darsey-Moss, MA, LMHCA
2722 Eastlake Ave E, Suite 300
Seattle, WA 98102
206-427-1459
joanna@joannacounseling.com

Please briefly describe the reason(s) for this prior treatment _____

What was helpful during treatment and what was not? _____

Do you have any family members with a history of mental illness or substance abuse? Yes No

If yes, please describe: _____

Are you, or is someone close to you, concerned about your use of alcohol or drugs? Yes No

Have you recently had any thoughts of harming yourself or someone else? Yes No

Have you had any thoughts in the past of harming yourself or someone else? Yes No

Have you had what you would consider to be traumas at some point in your life? Yes No

If yes, describe _____

Are there any legal issues that currently affect your life? Yes No

If yes, describe _____

Briefly, what brings you to counseling today? _____

Is there anything else you would like me to know in order to better serve you? _____
