

**Dianah Jackson, LMFT** MG 60328208

**Couples and Family Therapy; Therapy for Teens and Their Adults**

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*Patient In-take*

CONTACT INFORMATION

Name: \_\_\_\_\_

Date \_\_\_\_\_

Home phone: \_\_\_\_\_

*May I leave a message at this number?*    \_\_\_\_\_ *yes*    \_\_\_\_\_ *no*

Cell phone: \_\_\_\_\_

*May I leave a message at this number?*    \_\_\_\_\_ *yes*    \_\_\_\_\_ *no*

Email address: \_\_\_\_\_

*May I communicate non-confidential messages by email?*    \_\_\_\_\_ *yes*    \_\_\_\_\_ *no*

Home address: \_\_\_\_\_

\_\_\_\_\_

Alternative address, if any: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Below please provide the names and ages of everyone in your household.

NAME	AGE	RELATIONSHIP

PATIENT PROFILE (please complete for each family member)

What is your age? When is your birthday?

What is your race or ethnicity?

Do you take part in religious activities or have a spiritual practice?

What is your profession? Do you work full-time or part-time?

REASONS FOR PSYCHOTHERAPY

For what reasons are you seeking therapy at this time? *Please circle all that apply.*

marital or partner issues	loss of employment or home	alcohol abuse	depression
issues between parent(s) and child or children	financial struggles	drug abuse	anxiety
marital separation	housing problems	pornography habit or addiction	grief
divorce	educational struggles	cannabis ("pot") abuse	mania
geographic move	legal problems	nicotine addiction	learning disorders

Have you ever sought counseling/psychotherapy in the past? For what reasons? When and for how long did you seek therapy?

Do you or have you ever experienced suicidal thoughts? When and for how long?