

Heather M. Wind MSW, INC. PS
Charter Oak Counseling and Consultation
Heather Wind, MSW, LICSW
534 Westlake Ave N, Suite 240, Seattle, WA 98109

Intake Form

Date _____ Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Do I have permission to mail to this address? Y / N

Email Address _____ Do I have permission to email you? Y / N

Home Phone _____ Work Phone _____

Sex (M/F) _____ DOB _____

Is it acceptable to contact you at home? Y / N If "no" then how can I contact you? _____

Are you currently under medical care? Y / N If yes, then please explain/describe. _____

Name of Primary Physician _____ Phone Number _____

Are you currently taking prescribed medications? Y / N
If yes, then please explain/describe. _____

List any psychiatric/mental health medications you have taken: _____

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N
If yes, please give the name, date, and location of the therapy and briefly explain the nature of the problem.

How were you referred to my office? _____

Who may I thank for referring you to my office? _____

Emergency Contact/Relation: _____ Phone: _____

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

- | | | | | |
|-------------------|--------------------|-----------------|-------------------------|------------------|
| Anxiety | Depression | Fears/Phobias | Eating Disorders | Sexual Problems |
| Suicidal Thoughts | Separation/Divorce | Relationships | Finances | Drug/Alcohol Use |
| Career Choices | Anger | Self-Control | Unhappiness | Insomnia |
| Religious Matters | Work/Stress | Health Problems | Cutting/Self-Mutilation | Thought Patterns |

Client Signature

Date