

**Elizabeth Elliott, MA LMFT, CMHS**  
**21905 64th Ave W, Suite 301 A**  
**Mountlake Terrace, WA 98043**  
**(425) 322-9515**  
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**NEW CLIENT INTAKE FORM**

**GENERAL INFORMATION**

Full Name:

Name you prefer:

Date of Birth:

Sexual Orientation: • Bisexual • Gay • Hetero • Lesbian • Other:

**CONTACT INFORMATION**

Street Address:

Suite or Apt. #:

City:

State:

Zip Code:

May I send mail here? • Yes • No

Mailing Address or Post Office Box (if different from above):

City:

State:

Zip Code:

May I send mail here? • Yes • No

Email Address:

\_ Home

Phone: (        )

\_ Cell

Phone: (        )

Work

Phone: (        )

**EDUCATION/EMPLOYMENT INFORMATION**

Last Year of School Completed: • 9 • 10 • 11 • 12 • GED College: • AA • BA/BS • Post-Grad or Professional

Employer:

Length of Employment:

Occupation:

Average Hours Worked per Week:

School (If currently attending

\_\_\_\_\_

**RELATIONAL INFORMATION**

Current Romantic Relationship Status:

Single • Partner (boy/girlfriend) • Married • Separated/Divorced • Widowed • Engaged

If Partnered/Married, How Long:

If Separated or Divorced, How Long:

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With Whom Do You Currently Live? *(Check all that apply)*

- Alone • Spouse/Partner • Children (#   ) • Parent(s) • Sibling(s) • Boyfriend/girlfriend  
 Other:

**PARTNER INFORMATION**

Full Name:

How Long Have You Known Your Partner?

Age:

Occupation:

Last Year of School Completed: • 9 • 10 • 11 • 12 • GED College: • AA • BA/BS • Post-Grad or Professional

How Would You Describe this Person?

Reason you are here today (circle all that apply)

- |                      |                      |                            |                    |
|----------------------|----------------------|----------------------------|--------------------|
| Depressed Mood       | Insomnia             | Anxiety                    | Poor Productivity  |
| Loss of Pleasure     | Hypersomnia          | Panic Symptoms _____       | Sexual Concerns    |
| Poor Concentration   | Fatigue/Energy       | Hypervigilance             | Partner Conflict   |
| Worthlessness        | Weight Loss          | Worry                      | Passivity          |
| Guilt                | Weight Gain          | Somatic Obsessive Thoughts | Emotional Flooding |
| Hopelessness         | Appetite             | Intrusive Thoughts         | High Risk BX       |
| Isolation/Withdrawal | Binge Eating         | Irrational Fears           | Risk to Others     |
| Impaired Memory      | Agitation            | Labile Mood                | Flashbacks         |
| Crying               | Loneliness/Emptiness | Dissociation               | Detachment         |
| Medical Problems     | Anger/Irritability   | Hypomania                  | Nightmares         |
| Antisocial BX        | Suicidal thoughts    | Other _____                | Impulsiveness      |
| Substance Use _____  | Self Harm            | -                          |                    |

How did you find me?