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## NEW CLIENT INTAKE FORM

### GENERAL INFORMATION

Full Name of client:

Name you prefer:

Date of Birth:

Sexual Orientation:

Gender Orientation:

Full name of partner:

Date of Birth:

Name you prefer

Sexual Orientation

Gender orientation

### 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:

May I send a message here? Yes/No

Home Phone

May I leave a message here? Yes/No

Cell Phone:

May I leave a message here? Yes/No

Cell Phone:

May I leave a message here? Yes/No

### EDUCATION/EMPLOYMENT INFORMATION

Client Last Year of School Completed: • 8 • 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

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Partner Last Year of School Completed: • 8 • 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) \_\_\_\_\_

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Who is currently living in the household?

Reasons you are seeking counseling

How did you find me?