

SOLOMON CHAN, MA, LMHC

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CONFIDENTIAL INTAKE FORM

Date _____ Last Name _____ First Name _____

Sex (male, female, transgender, transsexual, intersex) _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email Address _____

**Since email is not a totally confidential means of communication, please consider this as you communicate with me. While I will make a reasonable effort to keep what is written private, it is suggested that very personal information be communicated by phone, on paper, or in person.*

Home Phone _____ Cell Phone _____

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 Personal 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 which required attention. _____

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/Spiritual |
| Work/Stress | Health Problems | Cutting/Self-Mutilation | Thought Patterns |
| Abuse | Parenting | Academic Issues | Cultural |

Please bring this form into the first session