

Neusha Hejazinia Counseling
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425-298-7799

Therapy Intake

Demographic Information:

Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Address: _____

Emergency Contact: _____ **Phone:** _____

PCP/Psychiatrist: _____ **Phone:** _____

Relationship Status: _____

Sexual Orientation: _____

Gender Identity: _____ **Preferred Pronoun:** _____

Reason for Seeking Therapy:

Goals for Treatment:

Medical History:

Alcohol and Substance Use History:

Suicidal Ideation and Attempts:

Present: Yes ____ **No** _____

Explain Further (Date/Frequency):

Past: Yes _____ **No** _____

Explain Further (Date/Frequency):

Current Stressors:

Are you currently in danger? Yes _____ No _____

Do you currently feel safe? Yes _____ No _____

Is there anything else you need me to know?

Signature _____

Date _____