

Client Name: _____

Date: _____

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New Client Intake

Today's Date: _____

Client Name: _____ Date of Birth: _____

Preferred Name: _____ Preferred Pronoun: He/ She/ They/ Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

If here for **Couples Counseling:**

Partner's name: _____ Phone: _____ Email: _____

If here for **Child Therapy:**

Parent/Guardian #1:

Parent/Guardian #2:

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Other Children and Ages: _____

Emergency contact Name and Relationship: _____ Phone: _____

Please describe the general problem you are seeking help for today: _____

How did you hear about me? _____

Client Signature

_____/_____/_____
Date

Parent/Guardian Signature