Meghan Burt MA, LMHC

2611 NE 125th Street, Suite 104
Seattle, WA 98125

Intake Form

Date__________________Last Name____________________________First name____________________________

Address____

City____State_________________Zip___________________________

Email Address____

*Primary Phone____ Cell / Home / Work (Please circle one)

Alternative Phone____Cell / Home / Work (Please circle one)

Birth Date____________________________________

Is it acceptable to contact you at the primary number listed above Y / N

If "no" then how can I contact you?____

Is it OK to leave a message? Y / N

Are you currently under medical care Y / N. If "yes" please explain/describe ___________________________

____

Name of Personal Physician & Phone Number____

Are you currently taking prescribed medications? Y / N. If yes, 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 explain/describe____

____

In your own words, please describe what brings you to therapy____

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How did you hear about me?____