



Shannon Hackett, Ph.D.

Counseling Psychologist
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New Client Information

Date: _____

Personal Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ May I Call This #? Y/N Leave Message? Y/N

Alternative Phone: _____ May I Call This #? Y/N Leave Message? Y/N

Email: _____ May I Email This Address? Y/N

Employer Information

Occupation: _____

Employer: _____

Employer Address: _____

Work Phone #: _____ May I Call This #? Y/N Leave Message? Y/N

Referral Information

Who Referred You? _____ Relationship: _____

Other (e.g., internet search, word of mouth, etc.): _____

Payment Information

Person Responsible for Bill: _____

Relationship to You: _____ Phone: _____

Address: _____

Primary Insurance Coverage

Name of Insured: _____

Social Security #: _____ DOB: _____

Insurance Company: _____ Phone: _____

Address: _____

Subscriber/ID #: _____ Group #: _____

Secondary Coverage

Name of Insured: _____

Social Security #: _____ DOB: _____

Insurance Company: _____ Phone: _____

Address: _____

Subscriber/ID #: _____ Group #: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Cell: _____ Home: _____ Work: _____

Demographic Information

Gender: _____ Preferred Pronouns: _____

Race/Ethnic Identity: _____

Sexual Orientation: _____

Relationship Status: _____

Religious/Spiritual Beliefs: _____

Disability Status (Please Describe): _____

Medical and Health Information

Physician: _____ Phone: _____

Medications: _____

Do You Use Any Substances Regularly (alcohol, caffeine, marijuana, tobacco, etc.)? _____

Please Describe: _____

Current/Previous Counseling Experience

What Brought You To Counseling? _____

Name of Current Mental Health Provider (if any): _____

Phone: _____ Email: _____

How long have you struggled with the current issue for which you are seeking counseling? _____

Briefly describe what motivated you to seek therapy at this time (rather than earlier or later): _____

What personal strategies have you previously used to try to remedy these problems? _____

Below, mark on this ruler your readiness to work on the issue(s) that brought you to counseling:

1 2 3 4 5 6 7 8 9 10
Not ready Very ready

If you have been in counseling before, please describe when, how long, and what you sought treatment for: _____

What did you like/not like about your past therapist/treatment? _____

Have you ever been hospitalized for mental health concerns? _____ If yes, please describe:

Have you ever seriously considered attempting suicide? _____ If yes, please describe:

Have you ever made a suicide attempt? _____ If yes, how many times? _____

How long ago was the most recent attempt? _____

Have you ever considered seriously injuring another person? _____ If yes, please describe:

Is there anything else you think I should know? _____
