Vanessa Dzivakwe, PhD, PLLC
Licensed Clinical Psychologist
WA PY 60666097

509 Olive Way, Suite 204, Seattle, WA 98101
206-329-5255 Ext. 302
Fax: 206-726-1878

NEW CLIENT REGISTRATION FORM

Intake Date: ____________________

PERSONAL INFORMATION

Full Name: ____ **Age:** ____________

Preferred Name/Pronoun: ____________________________ **Date of Birth:** ________________

Address: ____

City: ______________________________ **State:** ____________ **Zip Code:** ____________

Home Phone: ________________________ **May I call this number?** Y / N **Leave a message?** Y / N

Cell Phone: ________________________ **May I call this number?** Y / N **Leave a message?** Y / N

Email Address: ____

INSURANCE INFORMATION

Primary Insurance Coverage

Insurance Company: ____

Address: ____________________________________ **Phone #:** ________________

Subscriber Name: ____

Subscriber Date of Birth: ____________ **ID#:** ________________ **Group#:** ______________

Secondary Insurance Coverage

Insurance Company: ____

Address: ____________________________________ **Phone #:** ________________

Subscriber Name: ____

Subscriber Date of Birth: ____________ **ID#:** ________________ **Group#:** ______________

REFERRAL SOURCE

Name: ____ **Relationship:** __________________

Address: ____

City/State/Zip Code: ______________________________ **Phone #:** ______________________

EMPLOYMENT INFORMATION

Employer: ______________________________ **Occupation:** ____________________

Address: ____

City: ______________________________ **State:** __________ **Zip Code:** ____________

Work Phone: ________________________ **May I call this number?** Y / N **Leave a message?** Y / N

DEMOGRAPHICS / SOCIAL HISTORY

Gender: ______________________ **Race/Ethnic Identity:** ________________________

Sexual Orientation: ____________________ **Relationship Status:** ____________________

Who else lives in your household? ____

Sources of Social Support: ____

Highest Grade/Degree Completed in School: ____________________ **Currently in School?** Y / N

Military Service: [ ] Yes [ ] No

Branch: ______________ **Dates:** ____________ **Occupation:** ________________

Significant events/deployments: ______________________________________

____

____

MEDICAL HISTORY

Primary Care Physician: ____________________________ **Phone:** ________________

How would you rate your overall health? [ ] Excellent [ ] Good [ ] Fair [ ] Poor

Current Medical Conditions:

Current Medications (include dosages):

What substances do you use regularly (alcohol, caffeine, marijuana, tobacco, etc)? Please describe.

Current or past problems related to your use of these substances (or if others have expressed concern)?

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MENTAL HEALTH TREATMENT

Current (or Most Recent) Therapist: ______________________ **Phone:** ______________

Current (or Most Recent) Psychiatrist: ______________________ **Phone:** ______________

Prior outpatient psychotherapy: [ ] Yes [ ] No

Provider	Dates	Condition(s) Treated	Interventions	Beneficial?
				Y / N
				Y / N
				Y / N
				Y / N

Prior inpatient mental health and/or substance use treatment: [ ] Yes [ ] No

Facility	Dates	Condition(s) Treated	Interventions	Beneficial?
				Y / N
				Y / N
				Y / N
				Y / N

Prior or current mental health medications: [ ] Yes [ ] No

Prescriber	Dates	Medications	Dosage	Frequency	Beneficial?
					Y / N
					Y / N
					Y / N
					Y / N

Family History of (mark all that apply):

[ ] Depression [ ] Anxiety [ ] Bipolar Disorder [ ] Suicide [ ] Suicide Attempt(s)
[ ] Psychiatric Hospitalizations [ ] Problems with Anger/Violence [ ] Alcohol or Drug Problems
[ ] Learning Disabilities [ ] Developmental Delays [ ] Other: ______________

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PRESENTING CONCERNS

Please describe your reasons for seeking psychotherapy at this time.

What personal strategies have you tried to overcome these problems on your own?

What are your goals for psychotherapy? What would you like to see change?

Is there anything else I should know that is important and/or relevant to your treatment?

EMERGENCY CONTACT

Name: ____ **Relationship:** _______________________

Address: ____

City/State/Zip Code: ____ **Phone #:** __________________________

Thank you for taking the time to complete this form.

Revised May 2017