

Seattle Psychology, PLLC
206-420-4701 (information and referral line)

Green Lake, Wallingford Location
1307 North 45th Street, Suite 200
Seattle, WA 98103
206-420-4841 (fax)

Lower Queen Anne Location
200 W. Mercer, Suite 111
Seattle WA 98119
206-717-0666 (fax)

Name: _____ Today's date: _____
Client's date of birth _____ Current age _____
Client's address: _____
(street address)

(City) (State) (Zip)

Phone numbers + email: cell phone _____ work _____
Home _____ email _____
Do we have permission to leave a short reply message on cell phone – yes no; home phone-
yes, no; Email- yes, no?
Who referred you to this clinic? _____
Client's physician: _____ Phone number _____
Is client currently on any medication? If so,
Type and dosage? _____

Previous Psychological Evaluation and/or treatment:
Therapist: _____ Dates of treatment: _____

If client is a minor:
Who does the child live with? _____
Mother's name: _____ Home/cell phone: _____
Home address: _____
Father's name: _____ Home/cell phone: _____
Home address: _____

Name of school and grade: _____
Address of school: _____
Teacher's name: _____

If using insurance please provide insurance information:
Individual named as primary on the insurance: _____ Date of his/her birth: _____
Name of insurance carrier: _____ member ID#: _____
Deductible amount: _____ Copayment _____

I have read the practice statement and office policies. I have had the opportunity to ask questions. I give permission for treatment for myself or my child. I understand that I am responsible for my bill. I give permission to bill my insurance.

signature _____ date _____