

Dennis McCarthy, MA LMHC
Psychotherapist
Washington State Licensed Mental Health Counselor #LH60086698

1904 3rd Avenue, Suite 915, Seattle, Washington 98101
206.595.2659
dennis@unstuckseattle.com
www.unstuckseattle.com

Client Information Form

Today's Date: _____ How did you hear about me? _____

Name: _____ Date of Birth: _____

Address: _____

Preferred Phone: _____ (is this Cell? ___ Home? ___ Work? ___)

Messages: Is it ok to leave a message on your preferred phone number? Yes _____ No _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Is there anyone you would like me to be able to talk to about your care (Spouse/Partner, Other Relative, Primary Care Physician, Friend, etc.)? If yes, please provide their name. We will complete a separate Release of Information form that will give your specific permission for me to talk to them.

What are your key reasons for coming to counseling? Do you have a specific goal in mind?

If you've been in counseling before, what has worked for you and what hasn't been helpful?

Are you currently experiencing any medical conditions or taking any prescription medication? If so, could you please list the condition(s) and medication(s)?

Is there anything else you'd like me to know about you?