

Courtney Zier Counseling

Courtney Zier, PLLC
M.A.Ed., LMHCA, NCC
2915 E Madison St, Suite 304
Seattle, WA 98112
206.482.3991

INTAKE AND CONTACT INFORMATION

Name: _____

Preferred Pronouns _____

Street Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

What phone do you prefer I use to return your calls? Home Cell

Is it okay to leave a message at the location(s) you checked above? Yes No

Date of Birth: _____ Current Age: _____

Gender Identity: _____

Ethnicity: _____

Education: _____

Occupation: _____

Physician/Psychiatrist Name/Phone: _____

Current Medications/ Reason for Taking: _____

Please check any of the following issues that you are currently a struggle for you:

- | | |
|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Weight/Eating |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mania |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Fears/Phobias |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Life Change | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Relationships/Intimacy | <input type="checkbox"/> Physical Illness |
| <input type="checkbox"/> Compassion Fatigue | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Sexual Problems | <input type="checkbox"/> Obsessions |
| <input type="checkbox"/> Work/Career | <input type="checkbox"/> School |
| <input type="checkbox"/> Family | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Trauma/PTSD | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Self-Harming | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Other: _____ | |

Have you ever seen a psychologist, psychiatrist, counselor, or therapist? Yes No

In case of an emergency, whom should I notify?

Name: _____ Number(s): _____

Relationship to you: _____

Client Signature: _____ Date: _____