

DEANNA SEATHER-BRADY, LICSW, MAC
3417 EVANSTON AVE NORTH, SUITE 229
SEATTLE, WA 98103
206-745-2891
DSEATHERBRADY@GMAIL.COM
Intake Information Form

Name: _____ Birthdate: _____

Contact Information (check all that apply)

Best Phone Contact: _____ OK to phone OK to leave message

Other Phone Contact: _____ OK to phone OK to leave message

Address: _____

Preferred e-mail address (please be aware that email might not be confidential): _____

OK to email regarding appointments

Medical Information:

Primary Health Care Provider Name: _____ Phone: _____

Medications currently taking (*include vitamins, supplements, homeopathic or herbal medications*): _____

Who should we contact in case of an emergency?

OK to contact this person

Name: _____ Relationship: _____

Address: _____ Phone: _____

Therapy Fee: I have agreed to a fee of _____ per 50 min hour for therapy.

Signature of Client

Date

Signature of Clinician

Date