



Two Doors Down, PLLC.

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Confidential Client Information

Welcome to my private practice, Two Doors Down, PLLC. Please fill out the following information as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Housemates: _____

Home phone: _____ Daytime number: _____

Email: _____

Age: _____ Birthdate: _____ Birthplace: _____

Education (grade completed, any postsecondary): _____

Current Occupation: _____

Person to alert in the event of medical emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Spouse/partner's 1st name: _____ Age: ____ Yrs in relationship: _____

Children (gender, age): _____

Insurance Company: _____

Provider's Name: _____

Name of Insured: _____

If you are under your Parent or Spouse's insurance, please include their name, and address, and date of birth:

(Name): _____

(Address): _____

(DOB): _____

Identification Number: _____ **Group Number (if applicable):** _____

Customer Service Number: _____

Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

Have you had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Have you ever been hospitalized for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time: _____

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further in therapy. Feel free to list more than one goal if you wish.
