



Melinda Stone Counseling

OFFICE
2319 N 45th St. Suite 103
Seattle, Washington 98103

PHONE
206.310.1659

LICENSE
LH00010690

EMAIL
melistone@mac.com

WEB
melindastonecounseling.net

General Information

Name: _____ Today's Date : _____

Address: _____

Home Phone(____)_____ Work(____)_____ Cell (____)_____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Are you currently employed? _____

If so, what is your occupation? _____

Are you a student? _____

School/Course of study _____

What is the highest level of education that you have completed? _____

If you have an emergency, whom should I contact?

Name _____

Relationship _____

Phone(____) _____

How did you hear about my counseling practice?

Health and Medical Information

Physician or Health Care Practitioner's Name _____

Date of your last complete physical: _____

If you have any chronic medical or physical conditions, please list them and explain how they affect you.

Please list any prescription and non-prescription medications, herbs, or homeopathic remedies you are currently taking:



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Have you ever received a diagnosis from a mental health practitioner? (e.g. major depression, bi-polar disorder, post-traumatic stress disorder, ADHD, etc.)

Other Information

What brings you here today?

What is your current living situation? (eg. Living alone, with parents, roommates, partner, spouse, children, pets, etc.)

What, if any, prior experience do you have with counseling or psychotherapy?

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