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Intake Form

Name: _____			
Address: _____		Zip _____	
Home Ph: _____	Work Ph: _____	Cell Ph: _____	
Email Address: _____			
Message okay at:	HOME	WORK	CELL
Date of Birth: _____	Occupation: _____		
Emergency Contact: _____		Phone: _____	

Physician's Name/Phone: _____

Current Medications and Reason for Taking:

Previous Medications:

Insurance clients, please complete the following:

Insurance company: _____ Phone: _____

Claims Address: _____

Member ID #: _____ Group #: _____

Social Security # _____

Out-of-Network benefits? YES NO Covered at _____%

Deductible amount \$ _____ Deductible met yet? YES NO

How did you hear about me?

_____ Doctor Referral Name _____

_____ Friend

_____ NWAPS.org

_____ Google Search

_____ Seattle Counselor's Association

_____ CounselingSeattle.com

_____ GoodTherapy.org

_____ Other _____

Client Signature _____ Date _____