

AUDE GELTZER, MA, LMHC  
Bellefield Office Park- Cedar Building  
1400 112th Ave SE, Suite 221  
Bellevue, WA 98004

CLIENT INFORMATION

Name (s) \_\_\_\_\_ Age: \_\_\_\_\_ Date \_\_\_\_\_

Names/relationship of others who will be in therapy with you: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ OK to leave a message? \_\_\_\_\_

Preferred phone number \_\_\_\_\_ OK to leave a message? \_\_\_\_\_

Ok to send text? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency phone \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Reason for seeking psychotherapy now \_\_\_\_\_

\_\_\_\_\_

All previous psychotherapy experiences \_\_\_\_\_

\_\_\_\_\_

Primary care physician \_\_\_\_\_ Office phone \_\_\_\_\_

Are you taking any psychotropic medications? Please list each medication and the prescriber

\_\_\_\_\_

\_\_\_\_\_