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Intake Information

Personal Data

Name _____ Last 4 digits of SSN _____

Address _____

City _____ State _____ Zip code _____

Phone at home (____) _____ Okay to leave messages at this phone number.

Identify your carrier if you desire text appointment reminders: _____

Cell phone (____) _____ Okay to leave messages at this phone number.

Identify your carrier if you desire text appointment reminders: _____

Birthdate ___/___/_____ Female Male Other Single Married Widowed Separated

Emergency Contact _____ Phone _____

Relationship _____ Address _____

Who may I thank for referring you? _____

Medical Data

Primary Care Doctor _____ Phone _____

Address _____

Problems / Concerns That Bring You to Therapy:

Goals for Therapy (what will things be like when the therapy is successful?):

Life Timeline

Show 3-5 of the most highly significant events or time periods in your life. Mark roughly where they fall in time and give a short description of the event (e.g. "Moved to Tulsa", "Parents divorced", "Graduated", "Molested").

Birth _____ Present _____

Medications (prescriptions and over-the-counter) you are currently taking					
Name	Dose	What it's for	Name	Dose	What it's for
1)			4)		
2)			5)		
3)			6)		

Serious Illnesses or Injuries:

Chronic Health Problems:

Please rate the problems that you feel apply to you (from 1 "low" to 5 "extreme")			
Rating	Problem	Rating	Problem
	Depression		Marital / relationship problems
	Mood swings		(Blended) family problems
	Suicidal thoughts		Alcohol / drugs (yourself)
	Suicidal actions		Alcohol / drugs (family members)
	Anxiety		Sexual problems
	Panic attacks		Sexual abuse (Circle PAST or PRESENT)
	Sleep problems		Physical abuse (Circle PAST or PRESENT)
	Lack of motivation		Grief and/or loss
	Eating / food problems		Compulsive gambling
	Mental clarity / reality		Other compulsive behavior:
	Work-related issues		Self-esteem
	Financial stress		Spiritual issues
	Family violence (actual or threatened)		Social issues
	People problems		Physical / pain issues, describe:
	Anger / rage		
	Parent-child conflict		Other:

Signature of Client/Representative _____ Date _____