

**Karen Noble-Newman, MA, LMHC**  
**East Lake Union Counselors**  
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Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Who should I contact in case of an emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Have any major changes occurred recently in your life? \_\_\_\_\_

What ethnicity or cultural background do you identify with? \_\_\_\_\_

Insurance

Plan: \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Relationship to insured: self  spouse  other

Insured's name: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Insured's address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

What brings you to therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been given a diagnosis for the issue? If so, what was the diagnosis and recommended treatment? \_\_\_\_\_

Are you taking medication? If yes, what and for what purpose? \_\_\_\_\_

\_\_\_\_\_

Have you sought previous mental health care from another provider? \_\_\_\_\_

What other professionals are you working with? \_\_\_\_\_

Do you have any medical concerns? \_\_\_\_\_

Habits

	Heavy	Moderate	Light	None	Comments
Alcohol					
Caffeine					
Tobacco					
Drugs					
Exercise					
Sleep					
Appetite					
Vitamins					
Stress level					

Do you have a spiritual practice? Please describe briefly: \_\_\_\_\_

What would you like to accomplish in therapy? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_