

NANCY IREY HOLMES, Psy D

Licensed Psychologist

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INTAKE FORM

Please provide the following information by filling out this form and bringing it to your first session.

Please note: information you provide here is protected as confidential information.

Name: _____

(Last)

(First)

(Middle Initial)

Birthdate: ____/____/____ Age: ____ Gender: Male Female

Address: _____

(Street Address w/unit number if applicable)

(City)

(State)

(Zip Code)

Home Phone: (____) ____ - ____

May we leave a message? Yes No

Cell/Other Phone: (____) ____ - ____

May we leave a message? Yes No

E-Mail Address: _____ May we email you? Yes No

(Please note that e-mail correspondence is not considered to be a confidential medium of communication.)

Referred by: _____

Areas of concern or problems that bring you to therapy: _____

GOALS you would like to address in therapy:

#1 (Primary Goal) _____

#2 _____

#3 _____

How will you know when you have reached your goals? _____

What have you done in the past that you found helpful? _____
