



# Northwest Creative Therapy LLC

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Northwest Creative Therapy, LLC  
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## INDIVIDUAL INTAKE FORM

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

May I leave a message for you at home? Yes \_\_\_ No \_\_\_ At work? Yes \_\_\_ No \_\_\_

Occupation and place of employment:

\_\_\_\_\_

Insurance you will be using: \_\_\_\_\_

If you like, please share how you learned of my services:

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### FAMILY INFORMATION (those living with you)

Spouse / Partner Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Please include the names and ages of any children or others living with you:

\_\_\_\_\_

\_\_\_\_\_

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### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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