



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:

FAMILY INFORMATION (those living with you)

Spouse / Partner Name: _____ Age: _____

Gender: _____

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

EMERGENCY CONTACT

Name: _____ Relation: _____

Telephone: Home: _____ Cell: _____ Work: _____
