

ANNA HEDLY GOEKE, M.A., LMFT

Date: _____

Legal Name: _____

Nickname: _____

Address: _____

City, State: _____ 9 Digit-Zip: _____

Main Phone Number: _____ Ok to leave message? yes; no
 Home Work Mobile Other

Alternate Phone Number: _____ Ok to leave message? yes; no
 Home Work Mobile Other

Email(s): _____

Birth date: _____

Single

Married Coupled (not married) Name of Spouse/Partner: _____

Separated Divorced Widowed Previous marriages – how many? _____

Children – How Many? _____ (biological) _____ (adopted) _____ (step)

Fee Arrangement:

Direct Pay (not using insurance)

Insurance (Please also fill out PHI Authorization form)

Primary Subscriber Name: _____

DOB: _____

ANNA HEDLY GOEKE, M.A., LMFT

Client Name: _____ Date: _____

- Why have you come to see me today?

- What do you hope to gain from this process?

- Have you seen a counselor or therapist in the past?
 - o If yes, for what purpose, and with what outcome?

- Do you have any health problems? If yes, please describe.

- Are you taking any prescription medications?
 - o If yes, which ones and at what dosage?

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WEB: WWW.ANNAGOEKE.COM • EMAIL: ANNA@ANNAGOEKE.COM

ANNA HEDLY GOEKE, M.A., LMFT

Client Name: _____ Date: _____

- Date of last medical/physical exam: _____

Name of physician: _____

Address and Phone #: _____

- Do you use any other drugs or medications (including alcohol, caffeine and tobacco)? If yes, please describe type and how often:

- Do you take any supplements? If yes, please describe the type and how often:

- Do you have any addictions?

- Are there any of your behaviors that you are concerned about?

ANNA HEDLY GOEKE, M.A., LMFT

Client Name: _____ Date: _____

- How did you hear about Anna Hedly Goeke, MA, LMFT Counseling?

Online

- ICEEFT (International Centre for Excellence in Emotionally Focused Therapy)
- SeattleEFT.org
- GRN (Gottman Referral Network)
- TherapistLocator (AAMFT)
- Insurance Website (which one? _____)
- Search Engine (which one? _____)
- other website: _____
- online, but don't remember how I found it

My Insurance Company referred me

- Which Insurance Company? _____

Print Ad

- What publication? _____

Word of mouth

- Friend (whom may I thank for the referral? _____)
- Other professional (whom may I thank for the referral? _____)

- Please describe the quality of your experience of finding/contacting Anna Hedly Goeke, MA, LMFT counseling services and scheduling your initial appointment:

I found the process of scheduling my initial appointment:

- Easy
- Average
- Difficult / Frustrating

Comments: _____

I found the instructions for locating the office for my initial appointment:

- Easy
- Average
- Difficult / Frustrating

Comments: _____

- Please use the remaining space to give us any additional feedback regarding our website, scheduling process, office location, patient communication, or anything else you would like us to know. Or any other comments.