



Lynette Pang, MA, LMHC
2366 Eastlake Ave E #312
Seattle, WA 98102

RETURNING CLIENT INTAKE FORM

Name of Client: _____

Date of birth _____

Home address: _____

Cell #: _____ Email: _____ Name
of emergency contact: _____ Phone: _____

Insurance company/policy # _____
Please include a copy of your insurance card (front and back).

The reasons for your visit:

Significant changes/events since your last visit (e.g., health, relationship, life event, etc.):

Please indicate the intensity of your emotional distress from 1 (mild) to 10 (severe): _____

Overall, how much does your distress affect your overall ability to perform at work/school, maintain productive relationships, and maintain the quality of your sleep/appetite?

Indicate 1 (mildly disruptive) to 10 (incapacitating): _____