NW Anxiety Institute, LLC
325 NW 21st Ave, Suite 100
Portland, OR 97209
www.nwanxiety.com

Intake Information

Name: _____ Date: _____

Parent Name (if under 18): _____

Date of Birth: _____

Address: _____

_____

Phone: _____ Alternate: _____

Is it OK to leave a message? ☐ Yes ☐ No

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

Primary Care Provider: _____

Clinic Name and Phone: _____

School Years Completed: ☐ High School ☐ Some College ☐ College ☐ Post Graduate

Are you in School now: ☐ Yes ☐ No Year/Grade: _____

Work Status: ☐ Full Time ☐ Part Time ☐ Irregular ☐ Unemployed

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Other

Number of people in household (including you):

Ages 0-5 ____ 6-17: ____ 18-64: ____ 65+: ____

How were you referred to NW Anxiety Institute, LLC?

☐ Self ☐ Friend/Family ☐ Website ☐ Therapist ☐ Dr/Provider ☐ Other

Please take a moment and tell us more about yourself:

A. Reasons for treatment:

Are you having any problems with the following? Please check all that apply:

☐ Panic Attacks	☐ Avoiding places b/c of fear	☐ Worrying what others think
☐ Avoiding social activities	☐ Persistent/Repetitive thoughts	☐ Compulsive behaviors
☐ Strange or disturbing thoughts	☐ Past trauma	☐ Excessive worry

Physical Symptoms:	☐ Pounding heart	☐ Difficulty breathing
	☐ Chest Pain	☐ Nausea/Diarrhea
	☐ Dizziness	☐ Blushing/Sweating

B. Current Medications: Please tell me what medications you are currently taking

Medication	Dosage/Length of Time	Reason prescribed

C. Personal History:

Have you ever been depressed for 3+ weeks?	☐ Yes	☐ No
Have you ever been physically or sexually abused?	☐ Yes	☐ No
Have you felt like harming yourself?	☐ Yes	☐ No
Are you currently having any suicidal thoughts?	☐ Yes	☐ No
Have you ever been convicted of a crime?	☐ Yes	☐ No
Have you ever physically harmed someone?	☐ Yes	☐ No

D. Mental Health History:

Have you received counseling in the past?	☐ Yes	☐ No

Year(s) of service: _____

Counselor/Agency: _____