

Melinda Moats, M.Ed., LMHC

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**2722 Colby St.
Everett, WA (No mail)**

Name _____ Today's date _____

Address _____
City _____ Zip _____

Birth date _____ Email _____
____ Check here to receive the newsletter, blog and other information

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact: _____ Phone number: _____

Were you referred? Name _____ May I have your permission to thank them? Yes / No

Employment

Occupation _____ Employer _____

Spouse/Partner Occupation _____ Employer _____

Medical

Primary Physician _____ Phone number: _____

Are you currently taking any medication? Yes / No If yes, please list below.

Medication	Dosage	Reason	Date started	Prescribing Physician
Medication	Dosage	Reason	Date started	Prescribing Physician

Personal Information

What are your main reasons for making this appointment?

