

Anna Rhodes MA

Washington License # MC 60157282

Seattle, WA 98102

Office: 206 322 2662

Emergency Pager: 206 818 8645

Counseling Intake Form

Name: _____

Birthdate: _____

Address: _____

Telephone: _____
Home Office Cell

E-Mail Address: _____

Emergency Contacts: _____ Tele: _____

_____ Tele: _____

Primary Physician (s): _____

Referred by: _____

May I have your permission to thank them for referring you? (y/n) _____

**Consent for Treatment, Statement of Financial Responsibility
& Release of Information**

I hereby give consent for psychological treatment. I agree to be financially responsible for all charges that may accrue from such treatment I accept Anna Rhodes, M.A., cancellation policy and authorize that Anna Rhodes, M.A. may release any information to the insurance company that is required for processing any claims. This authorization will remain in effect indefinitely.

Signature: _____ Date: _____