



Greatland Clinical Associates

1400 W Benson Blvd, Suite 315 Anchorage, AK 99503

Office 907-929-4009 Fax 907-929-4902

Specific provider requested, if any: _____

| | | | |
|--|--------------------|-----------------------|--------|
| DATE : _____ | INTERVIEWER: _____ | CALLER'S PHONE: _____ | H W C |
| | | OTHER PHONE: _____ | H W C |
| CLT'S NAME: _____ | DOB: _____ | MALE | FEMALE |
| PHYSICAL HOME ADDRESS: _____ | | | |
| REFERRAL: _____ | FAM. MD/PCP _____ | | |
| GUARDIAN 1: _____ | RELATIONSHIP _____ | | |
| PHONE 1: _____ | H W C | PHONE 2: _____ | H W C |
| EMPLOYER: _____ | OCCUPATION: _____ | | |
| OTHER GUARDIAN AND INFO _____ | | | |
| PLEASE TELL US WHAT'S HAPPENING & HOW WE CAN BE OF HELP: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| CURRENT RX: | | | |

WHAT TYPE OF SERVICE ARE YOU HOPING WE WILL PROVIDE? _____

| | |
|-------------------------------|------------------|
| CURRENT PSYCH PROVIDER: _____ | LAST SEEN: _____ |
| WHY: _____ | DIAG: _____ |
| PAST TALK THERAPIST: _____ | LAST SEEN: _____ |
| WHY DID YOU STOP: _____ | |

