



# 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: _____	

