

Seattle Counseling Service Application for Services

Today's Date: _____ Are you a returning client? YES NO
Name: _____ SCS# (Assigned by SCS) _____
Social Security Number: _____ Date Of Birth: _____
Phone No.: _____ Can we leave a message? YES NO
Phone No.: _____ Can we leave a message? YES NO
Address: _____

(Street) Apt. # City Zip
What days/times are you available for appointments? M ____ T ____ W ____ R ____ F ____
What is your family size? ____ Family's annual income? _____ Source: _____
Are you currently on Medicaid? *YES NO *When did you first receive Medicaid? _____
*Describe the reason that you qualified for Medicaid: _____

***You must bring a copy of your Medicaid coupon to your first appointment.**

Do you have insurance?*YES NO *Name of Insurance Company: _____
*Insurance Co. Phone number: _____
*Insurance Member number: _____

***You must bring your insurance card to your first appointment.**

Do you take any prescription medication? *YES NO *(If YES, please bring a list of medications with you.)
Have you ever had a drug/alcohol assessment? *YES NO
*When? _____ *Where? _____
(If the assessment is 3 months old or less please bring a copy to your appointment.)

Are you currently in recovery from drug/alcohol use or abuse and/or clean and sober? *YES NO
*If YES, for how long? ____ *If YES, are you interested in ongoing support to aid in your recovery process? YES NO

Please answer the following. In the last six months to a year...

Have you ever tried to cut down on the amount you use or quit using alcohol or other drugs? YES NO
Have you ever been annoyed by others comments about your substance use? YES NO
Have you ever felt guilty about something you said/did while under the influence of alcohol/drugs? YES NO
Have you ever needed something after using the day/night before, to stop withdrawal? YES NO

Please describe the reasons that you are seeking services at Seattle Counseling Service:

If requesting couple's counseling, name of partner(s): _____

If requesting group counseling, or a specific Workshop/Class: _____

I certify that the information I have completed on this form is accurate to the best of my knowledge. I further agree that by signing below I authorize Seattle Counseling Service to provide the above information to the appropriate payment sources on my behalf. I accept that I will be charged for the intake appointment if I fail to show or cancel without 24 hour notice.

Signature of Applicant and Date *How did you hear about us?: _____

SCS only: _____