WEST SEATTLE
Neurofeedback
Unwind your mind

Intake Form

Name:	**Today's Date:**	**Date of Birth:**	**Age:**
Address:	**City, State and Zip**:		
Phone number:	**Email:**		
Single / Married / Divorced	**Spouse's Name:**		
Emergency Contact:	**Phone Number:**	**Relation:**	

Do you currently see a therapist? If yes, please provide their name and contact information below.

Names and ages of those who live with you:

Name	**Age**	**Name**	**Age**
Name	**Age**	**Name**	**Age**

Health Issues: Tell me what's happening health wise for you right now.

Nutrition: How is your nutrition? – How it really is….not how you want it to be…

Exercise:

Medications:

Past and present life stressors:

Any family history that I should be aware of?

SUBMIT