

# Eugenia Salomon, MA, MFT

1962 NW Kearney Street Suite 204, Portland, OR 97209  
2105 NE Cesar E Chavez Blvd, Suite 200, Portland, OR 97212

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## CLIENT INTAKE INFORMATION

DATE \_\_\_\_\_

### PERSONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

IS IT OK TO A LEAVE MESSAGE AT: HOME \_\_\_\_ MOBILE \_\_\_\_ WORK \_\_\_\_

EMAIL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

MARITAL/ RELATIONSHIP STATUS: \_\_\_\_\_

EDUCATION \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE LIST ALL CURRENT MEDICATIONS AND DOSAGES \_\_\_\_\_

PRESCRIBING PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

**WHAT ARE THE ISSUES THAT BROUGHT YOU TO SEEK PSYCHOTHERAPY AT THIS TIME:**

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**ADDITIONAL COMMENTS**

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**REFERRED BY** \_\_\_\_\_

**I HAVE RECEIVED:**

PROFESSIONAL DISCLOSURE STATEMENT \_\_\_\_\_

CONFIDENTIALITY & HIPAA PRIVACY PROTECTION \_\_\_\_\_