

**Susan Ward, MA, LMFT, CMHS**  
**Child, Couple and Family Therapist**  
**1900 Dock Place, Suite 7**  
**Seattle, Washington 98107**

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Okay to call/leave message:    Yes    No

Evening Phone: \_\_\_\_\_ Okay to call/leave message:    Yes    No

*In order to protect your privacy, I do not identify myself as a counselor when I call. I attempt to return phone calls within 24 hours of receiving them. If you have not heard back from me in a reasonable time, please attempt to call me again.*

How did you hear about my counseling service? \_\_\_\_\_  
\_\_\_\_\_

Did someone suggest that you come to see me? \_\_\_\_\_

May I call the person who told you about me and thank them for the referral?        Yes    No

Briefly describe the concern(s) that brought you here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve through therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you and I know when therapy has been successful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_