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INTAKE FORM FOR INDIVIDUAL ADULTS

Client's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Other members of the household and their ages: _____

The following questions are totally optional and do not affect my willingness to work with you. I ask these questions because I find it useful to understand how the people I work with identify themselves and their important characteristics:

Race/Ethnicity: _____

Gender identity: _____

Preferred pronouns: _____

Sexual orientation: _____

Are you currently partnered: Y N If yes: monogamous or poly

Occupation: _____

Religious orientation: _____

Do you identify as a person with a disability or other chronic condition? Y N If yes: _____

Please feel free to ask me about my characteristics.