



Marriage & Family Therapy Center

Intake for Waitlist

Name: _____ DOB: ___/___/___

Pronouns: _____ Gender: _____ Intake completed by: _____

Date of initial contact: ___/___/___ Referral source: _____

Contact information

Phone number: (_____) _____ - _____ Voicemail OK? Yes No Text OK? Yes No

Email: _____ Whitworth student/employee? Yes No

If Whitworth student - Program: _____ Expected graduation: ___/___

Type of therapy

_____ Individual therapy

_____ Couple's therapy or Pre-marital therapy

Partner's name: _____ DOB: ___/___/___

Partner's phone: (_____) _____ - _____ Partner's email: _____

_____ Family therapy

Partner's name: _____ DOB: ___/___/___

Partner's phone: (_____) _____ - _____ Partner's email: _____

Other members of the family:

Name: _____ DOB: ___/___/___ Relationship: _____

Name: _____ DOB: ___/___/___ Relationship: _____

Name: _____ DOB: ___/___/___ Relationship: _____

Preferred format of therapy: In-person Simple practice Either

Presenting concern(s): _____

Therapist preferences (i.e., gender, spirituality, cultural identifiers)

Availability (days/times): _____

Additional information/comments: _____

Office staff will complete the rest. For questions, call 509.777.3411

Therapist assigned: _____ Date assigned: ___/___/___



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Therapist Outreach Attempts

1) Date ___/___/___ Method: _____

2) Date ___/___/___ Method: _____

3) Date ___/___/___ Method: _____

Notes: _____
