

New Client Registration

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Personal Information

Name: _____ Social security number: _____
Date of birth: _____ Age: _____
Gender: _____ Preferred pronouns: _____
Ethnic identity: _____
Address: _____
Phone number: _____ May I leave a message? Y N
Email address: _____ May I email you? Y N
How did you find my practice? _____

Emergency Contact

Name of emergency contact: _____ Relationship: _____
Home phone: _____ Work phone: _____
Please sign here to indicate that I may contact this person in case of an emergency: _____

Insurance Information

Name of insurance company: _____
Telephone number of insurance company: _____
Subscriber/ID #: _____ Group #: _____
Name of primary insured: _____ Social security #: _____ DOB: _____
Primary insured's address (if different than above): _____
Primary insured's phone number (if different than above): _____
Please sign here to indicate that I may submit claims to your insurance company: _____

Medical History

How is your physical health overall?

Please list any past or current major illnesses, surgeries, or other significant physical conditions.

Are you currently taking any medications or supplements? Y N

If yes, please list: _____

Please note any side effects: _____

Have you ever been hospitalized for any reason (i.e., psychiatric concerns, illness, accident, etc.)?

If yes, please list causes and dates: _____

Family History

	Living?	Age(s)?	Any mental/physical illness; cause and date of death if applicable
Mother:	Y N	_____	_____
Father:	Y N	_____	_____
Sibling:	Y N	_____	_____
Sibling:	Y N	_____	_____
Sibling:	Y N	_____	_____
Child:	Y N	_____	_____
Child:	Y N	_____	_____
Child:	Y N	_____	_____
Partner(s):	Y N	_____	_____

Your Concerns

What do you hope to gain from therapy? How can I be most helpful?

Have you been in therapy in the past? If so, how was it helpful? How could it have been more helpful?

What have you tried doing to overcome your current challenges?

Is there anything else I should know before we start work together?