



**Maria-Jose Soerens, M.A., LMHCA**

*The River Beneath*

200 First Ave West, Suite #400

Seattle, WA 98119

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### Intake Form

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ DOB \_\_\_\_\_ Single  Married  Divorced  Separated   
Co-habiting

Is it acceptable to contact you at home? Y / N  
If "no" then how can I contact you? \_\_\_\_\_

Are you currently under medical care? Y/N Describe:  
\_\_\_\_\_

Name of Personal Physician & Phone Number: \_\_\_\_\_

Are you currently taking prescribed medications? Y / N  
If yes, then please explain/describe. \_\_\_\_\_

List any psychiatric/mental health medications you have taken. \_\_\_\_\_

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N  
If yes, please give the name, date, and location of the therapy and briefly explain the nature of the problem which required attention. \_\_\_\_\_

Please circle any of the following struggles that pertain to you:

Anxiety                      Depression                      Fears/Phobias                      Eating Disorders

Sexual Problems Suicidal Thoughts                      Separation/Divorce                      Relationships

Finances                      Drug/Alcohol Use                      Career Choices                      Anger

Self-Control                      Unhappiness                      Insomnia                      Religious Matters

Work/Stress                      Health Problems Cutting/Self-Mutilation                      Thought Patterns

From the struggles that you marked above, which one concerns you the most? Is there any other struggle not listed, that you would like me to know about?



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Explain:

\_\_\_\_\_

Were you born in a country outside the US? Y / N

If yes, describe and for how many years: \_\_\_\_\_

Is there any other country that is a meaningful part of your story? Y / N

If yes, describe and for how many years: \_\_\_\_\_

How long have you lived in the US? \_\_\_\_\_

What is the main language spoken in your current home? \_\_\_\_\_

What is the language most meaningful to you during your childhood? \_\_\_\_\_

What language would you prefer to be used during our sessions? \_\_\_\_\_

In a scale from 1 to 10, 1 being unlikely and 10 being very likely, how confident are you that your struggles will be resolved with the help of therapy?

1 2 3 4 5 6 7 8 9 10



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**Training and Degrees:** I am a bilingual (native Spanish speaker) independent mental health counselor licensed in the State of Washington (MC60107190). I received my Bachelor of Arts in Psychology from Universidad Central de Chile in 2005 and a Master in Counseling Psychology from Northwest University in 2007. I have been in private practice since 2009. I am trained in interpersonal therapy, life-span integration and have training in domestic violence. I have conducted psychosocial evaluations for immigration cases and provided treatment in English and Spanish for victims of domestic violence, sexual abuse, and torture. I have worked with immigrant and refugee populations since 2006, and have participated in research studies for this specific population. I have served as a mental health counselor at Samaritan Center of Puget Sound and Seattle Therapy Alliance, a low-income clinic for women in Seattle. My work is supervised by a licensed mental health counselor, Dr. Nancy Murphy.

**Counseling Orientation:** I view the counseling process as forming an alliance with you to explore the nature of your struggles. Although we will spend much time dealing with the specific issues that brought you into counseling, we will also look at the nature of your relationships with the significant people in your life. According to my theoretical orientation, the complexity and intensity of your struggles are rooted in relational issues and deep personal questions about your life journey. Many ways of being and relating to yourself and others are learned at a very young age, and are necessary for survival. However, those same ways of relating which protected you in the past, can block you from a satisfactory life in the present. I believe that some issues can have a physical component; in such cases, medical consultation will be advised.

**Billing and Insurance Information:** The fee for counseling will be \$85.00 per 50-minute session. A sliding scale fee of \$65 is available in case of economic hardship. Payments are to be made at the beginning of each session or at the beginning of the month. You will be charged for a missed appointment if you have failed to notify me within 48 hours of our scheduled time (illness and emergencies excepted). Fees may increase periodically; you will be notified two weeks prior to the change.

**Choosing a Counselor:** You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

**Confidentiality:** There is a legal privilege in this state protecting the confidentiality of the information that you share with me. As a professional, I can assure you that I strive to maintain the strictest ethical standards of confidentiality.

There are legal exceptions to confidentiality. The following situations are those in which the information you have shared with me may be shared with others.

- 1) The client gives written permission to share confidential information.
- 2) Anything that suggests a crime or harmful act.
- 3) If the client is a minor, and there is indication that she/he was the victim or subject of a crime.
- 4) The client brings charges against the counselor.
- 5) In response to a subpoena.
- 6) As required under chapter 26.44 RCW.

When it is possible, we will discuss any exceptions to confidentiality as they arise.



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**Consultations:** I regularly consult with other professionals regarding clients with whom I am working. This allows me to gain other perspectives and ideas as to how to best help you reach your goals. These consultations are obtained in such a way that confidentiality is maintained.

**Scheduling Appointments:** Appointments are generally made on a regular, weekly basis. Appointment times are not automatically held open for you from week to week. It is your responsibility to reschedule at the end of a session.

**Cancellation/No shows:** If you need to cancel your appointment, please let me know **at least 48 hrs** in advance. Missed sessions or cancellations within 48 hrs of a scheduled appointment will be charged to your credit card at the hourly fee. Charges for missed sessions cannot be billed to insurance.

**State Information:** Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily implies the effectiveness of any treatment.

The purpose of the Counselor Credentialing Act (Chapter 18.19 RCW) is (A) To provide protection for public health and safety; and (B) To empower the citizens of the State of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

**Unprofessional Conduct:** The brochure called "Counseling or Hypnotherapy Clients" lists ways in which counselors may work in an unprofessional manner. If you suspect that my conduct has been unprofessional in any way, please contact Nancy Murphy at 206.363.9639 or the Department of Health at the following address and phone number: Department of Health, Counselor Programs  
P.O. Box 47869  
Olympia, WA 98504-7869  
360.664.9098

**Contacting Me by Phone:** You may leave me a message at 360.930.9403 or email me at [cote@mariajosesoerens.com](mailto:cote@mariajosesoerens.com). I will check these messages on a regular basis. Please limit your phone conversation and email needs to appointment scheduling and emergencies.

**Emergencies:** If you are in an emergency and cannot reach me, please call one of the following numbers for help: General Emergencies 911  
Crisis Clinic 800.244.5767 or 206.461.3222

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I have read and understand the information presented in this form.

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Client Signature

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Date

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Therapist

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Date

# Emergency Notification

**In case of emergency, notify:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**OR**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_