

**María-José Soerens, M.A.**

534 Westlake Ave N #240  
Seattle, WA 98109

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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 \_\_\_\_\_

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

If yes, then please explain/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?

*Explain:*

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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

**María-José Soerens, M.A. LMHCA**  
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**Training and Degrees:** I received my training in Psychology in 2005 from Universidad Central de Chile in Santiago, Chile. In 2005 I was invited to pursue my Master of Arts in Counseling Psychology at Northwest University. In 2006 I assisted with the formation of “Broken Prophets”, a counseling center for artists, and worked with immigrant and refugee children exploring healing through arts in the south side of Seattle. In 2008 I founded Frame, an arts community formed by homeless women in transitional housing to explore their beauty and discover their own resources to move forward in life. I graduated in 2007 and I am currently working towards my license as a Mental Health Counselor under the supervision of Dr. Susan Hall, LMHC.

**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, many of the forces and dynamics that have influenced 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 \$75.00 per 50-minute session. A sliding scale fee of \$50 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 24 hours of our scheduled time (illness and emergencies excepted). Fees may increase periodically, and thus the fees are subject to change with two weeks prior notification.

I do not file insurance claims for you. If your insurance provider will be covering the cost of your counseling then you need to make arrangements with them to reimburse you directly. You are responsible for obtaining and filling out any appropriate paperwork and submitting it to the insurance company. I will be glad to fill out any part of the form that is necessary.

**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.

**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.

**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 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 206.399.0940 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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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: \_\_\_\_\_