

ALASKA PACIFIC RIM COUNSELING SERVICES  
MARIE E MCQUEEN  
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**INITIAL INTAKE FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
DOB \_\_\_\_\_

Main reason for appointment  
(please describe):

Please List 3 problems or  
concerns you wish to work on in  
Counseling?

What caused you to come for  
treatment now?

1.

When did these problems or  
Symptoms start?

2.

Are the problems or symptoms  
New \_\_\_\_\_ or continued \_\_\_\_\_?

3.