

**JAMES P. MAHONEY M.S.W., L.I.C.S.W.**  
**1220 S. Division - Spokane WA 99202**  
**(509) 838-2256**  
**Jim@JimMahoneyMSW.com**

Intake Date \_\_\_/\_\_\_/\_\_\_ Referred by \_\_\_\_\_

Identified Client \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Residence \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone H: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Employed by \_\_\_\_\_

Living with \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_

**Family Members**

\_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_

**Presenting Problem** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information: Subscriber** \_\_\_\_\_ b.d. \_\_\_/\_\_\_/\_\_\_

**Insurance name** \_\_\_\_\_ **Subscriber ID#** \_\_\_\_\_

**Diagnosis** \_\_\_\_\_

\_\_\_\_\_

**Treatment Plan** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_