

Date Returned _____

Alliance

NORTHWEST ALLIANCE FOR PSYCHOANALYTIC STUDY

*The Alliance Community Psychotherapy Clinic (ACPC)
Telephone (425) 656-9627*

PN#

PATIENT INFORMATION FORM

Please complete the following items: Date _____

Name _____

Address _____
Street City Zip

Phone Number(s): 1) _____ 2) _____

Birth date _____ Gross monthly income _____

How did you learn about ACPC?

What transportation options are available to you? (circle one)

CAR BUS WALKING BICYCLE OTHER (describe)

Please briefly describe the reason you are seeking treatment:

Please briefly describe any previous psychotherapy treatment, hospitalizations, and current medications you may be taking.

Please mail to:

**ACPC c/o NW Alliance
1416 NW 46th St Suite 105-527
Seattle 98107**