Psychological Services of Alaska: Chris Reynolds, PsyD

3003 Minnesota Drive #204,
Anchorage, AK 99503
Phone: (907) 279-9274
www.reynoldstherapy.com

Initial Information

Please provide the following information regarding contact information and initial goals:

Date:____________________

Name:____
First Middle Initial Last

D.O.B.:______________________ Age:________________

Spouse/Partner:____
First Middle Initial Last

D.O.B.:______________________ Age:________________

Marital Status: ________________________ Names and ages of children:____________

____

Address:______________________________ City:________________ Zip:___________

Phone (Home):________________ (Work):________________ (Cell.):________________

Is it OK to leave messages at the above numbers? __ Yes __ No

Email: ______________________________

What are your goals in therapy?

1) ____

2) ____

Previous counselor/therapist:____

Current medical concerns:____

Current medications:____

How were you referred? ____