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INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as is counseling and therapy.

Please print out this form and bring it to your first session or allow yourself 30 minutes prior to your appointment to complete the form in the office.

Date: ______________________

CLIENT INFORMATION

Patient Name: ____________________ ______________________ ______________
(Last) (First) (Middle Initial)

DOB: _____/_____/_____ Age:__________ SSN: ______________________

Address: ____

City: ____
Street City State Zip

Home Ph: _________________ Work Ph: ________________ Cell: ___________________

Employer: ___________________________ Occupation: ___________________________

Email:__________________ preferred contact number: Home Work Cell
Circle one

May we contact you?

May we leave a message? Yes____ No______ If so where at: ______________________

Referred by: _____________________ Telephone Number: ______________________

Address: ____
Street City State Zip

Marital Status:

□ Never Married □ Partnered □ Married □ Separated □ Divorced □ Widowed

Spouse/Partner

Name: ____

Address: ____
Street City State Zip

Home Ph: ______________ Work Ph: ______________ Cell: ______________

Email ____________________ Preferred contact number Home Work Cell
Circle one

Employer: ____________________ Occupation: ____________________

Number of Children: ________

Family Information (OR other household members)

Name	Sex M/F	Age	Grade/Occupation	At Home (Y/N)

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? □Yes □No

Have you had previous psychotherapy? □Yes □No
If yes please list Previous therapist's name:____________________

Are you currently taking prescribed psychiatric medication (antidepressants or others)?
□Yes □No

If Yes, please list:____

If no, have you been previously prescribed psychiatric medication? □Yes □No

If Yes, please list: ______________________________