CONFIDENTIAL

**INTAKE INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check: Female \_\_\_\_\_ Male \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Addres\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company and ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need pre-authorization for my services: \_\_\_\_\_\_\_\_\_\_\_

Insured’s Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured’s Place of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Single \_\_\_\_\_; Married \_\_\_\_\_; Separated \_\_\_\_\_; Divorced \_\_\_\_\_; Widowed\_\_\_\_\_\_

Spouse’s Name & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Ages of Children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name & Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Assistance you are seeking: (Please check)

Psychotherapy/Counseling \_\_\_ Psychological Testing \_\_\_\_ Career Counseling \_\_\_Other \_\_\_\_

How did you hear about my service?

Describe the difficulties or symptoms for which you are seeking assistance.

Describe any significant past or present medical or health related conditions, including injuries or accidents. Are you receiving treatment for any of these conditions? If so, explain:

Are you seeing or have you ever seen a psychologist, psychiatrist, counselor, social worker, psychotherapist, or received any type of personal or career counseling? If yes, when and what type of assistance have you received?

Have you ever been hospitalized for a medical or psychiatric problem? If yes, where and when?

Has anyone in your family ever received psychological/psychiatric assistance? If yes, please describe:

Have you or anyone in your family been identified as having had a learning difficulty? If yes, please describe:

Are you taking any medication? If yes, list name and dosage:

Do you use other non-prescription drugs or substances? If yes, please describe:

Do you drink alcohol? If yes, how often?

Do you smoke? If yes, how many cigarettes per day?

Please include any other pertinent information: