

--Confidential-- Intake Form**Personal Data****Date** _____**Name:** _____**Address:** _____

City _____ State _____ Zip code _____

Email: _____ **Date of Birth** _____**Is Email acceptable for a method of contact for you?** _____**Please check Relationship Status:** _____ Single _____ Single/in a committed relationship _____ Married _____ Divorced**Have you been married before?** _____ **More than once?** _____**Number of Children:** _____ **Ages:** _____**Number of Step-Children:** _____ **Ages:** _____**Level of Education attained:****Graduated High School** _____ **GED** _____**Attended some college classes** _____ **Completed Associate Degree** _____**Bachelor's degree** _____ **Completed Master's Degree** _____**Completed a J.D., Ph.D., M.D., or other Doctorate degree** _____**Work Phone:** _____ **Home Phone:** _____**Cell phone:** _____**Do we have your permission to leave messages at these numbers?** _____**If so, which numbers:** Work _____ Home _____ Cell _____**In case of Emergency, contact:****Name:** _____ **Relationship:** _____**Phone:** _____**How were you referred to this office:****Your physician** _____ **Dr.** _____**Internet search** _____**Yellow pages** _____**Another client or friend** _____ **Other** _____

Reason for Consultation

In your own words, please describe your reason for this visit today: _____

Health Status

I consider my current state of Health to be:

Excellent _____ Good _____ Fair _____ Poor _____

Date of last physical exam? _____

Major accidents or medical problems: _____

Please list any drugs you are currently taking: _____

Are you currently under the care of any of the following? *Please indicate all that apply and include their name, address, and/or other identifying data.*

____ Physician _____

____ Psychologist _____

____ Social Worker _____

____ Psychiatrist _____

____ Counselor _____

____ Other (please specify) _____

Have you ever consulted anyone professionally (counselor, psychiatrist, psychologist, social worker, etc.)? ____ Yes ____ No

If so, whom? _____ Where? _____

_____ When? _____

Support System

With whom do you usually talk over your problems or plans? _____

Do you have close friends in the area you can talk with? _____

Do you consider yourself to have _____ many good friends

_____ a few good friends

_____ very few friends

Do you have a church or religious preference? _____ Do you attend a church/synagogue/temple regularly? _____

Employment Data

Are you working currently? ___ Yes ___ No Type of work/#hours weekly _____

Family Constellation

Please profile the following information regarding your family, (i.e. parents, brothers, sisters, husband, wife, children).

Member	Age	Occupation	Education
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Mother			
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Father			
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Brother (s)			
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Sister (s)			
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Husband/Wife			
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Children:			
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