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INTAKE FORM

Please provide the following information:

Name: _____

Address:_____
Street and number

_____
City, State, and Zip

Home Phone: _____ May I leave a message? Yes___ No ___

Cell Phone: _____ May I leave a message? Yes___ No____

Email _____

May I email you? Yes ___ No ___

Birth Date: _____Age: _____Gender: _____

Please circle: Single Married Divorced Never married Widowed Separated

Names and ages of any children: _____

Occupation: _____

Employer:_____

Were you referred? _____By: _____

Have you previously received any mental health services? _____

If so, by whom? _____

HEALTH INFORMATION

Are you currently taking any prescription medications? _____

Please list: _____

Are you taking any vitamins or herbal supplements? _____

Please list: _____

How would you rate your current physical health (circle one):

Poor Fair Good Excellent

How would you rate your current habits (circle one):

Poor Fair Good Excellent

Do you exercise regularly? _____ If so, how often? _____

How is your diet? _____

Any difficulties related to eating? _____ If so, please describe:_____

_____

Do you drink alcohol? _____How much? _____

Do you use recreational drugs?_____ What kind and how often? _____

Please list any medications you are currently taking_____

_____

Do you have any current health issues? _____

If so, please describe: _____
_____

Are you experiencing any of the following? (please circle)

Depression	PTSD
Anxiety	Violence or Aggression
Panic Attacks	Parenting Issues
Phobias	Sexual Issues
Eating Disorders	Infertility
Excessive Stress	Addiction

Anything not listed that is a concern:_____
_____

Are you in a romantic/intimate relationship_____

For how long? _____

Please rate your current experience in this relationship (circle one):

Very satisfied Satisfied Somewhat dissatisfied Dissatisfied

Have you had any significant stresses or life changes recently? _____

If so, please describe: _____
_____
_____

Please briefly describe what brings you to therapy

_____
_____
_____

Please provide insurance company name and number_____
_____