

# INTAKE FORM - CONFIDENTIAL

## Patient Information:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Marital Status: \_\_\_\_\_

Name of Person(s) Financially Responsible: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address (if different than patients): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employer/School Information:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education/Degrees: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parent/Spouse's Information:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**\*In Case of Emergency, Contact:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Other:** \_\_\_\_\_

# Medical History

**Patient Name:** \_\_\_\_\_

**Primary Care Physician:**

Name of Practice: \_\_\_\_\_ Dr. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Past Diagnoses** (please give the year):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Current Medications** (include dosage and frequency):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Severe Illnesses** (childhood to present): \_\_\_\_\_

\_\_\_\_\_

**Previous Out/In Patient Therapy** (please specify which): \_\_\_\_\_

\_\_\_\_\_

**Stressors affecting you or your family in the past 1 – 2 years:**

_____ Deaths	_____ Job Change	_____ Sexual Abuse
_____ Births	_____ School	_____ Broken Relationship
_____ Marriage	_____ Step-children	_____ Unwanted Pregnancy
_____ Divorce	_____ Separation	_____ Substance Abuse
_____ Moving	_____ Physical Abuse	_____ Medial
_____ Chronic Illness	_____ Other: _____	

**Presenting Problems/Reason for Visit:** \_\_\_\_\_

\_\_\_\_\_