



Patient Intake Form

NAME

DATE

ADDRESS

EMAIL ADDRESS

YEAR AND DATE OF BIRTH

MOBILE TELEPHONE

Ok to leave message? Yes No

WORK TELEPHONE

Ok to leave message? Yes No

HOME TELEPHONE

Ok to leave message? Yes No

EMPLOYMENT STATUS

Full Time Part Time Not Employed

EMPLOYER

OCCUPATION

STUDENT

Yes No

COLLEGE CLASS OF (YEAR)

SCHOOL/ALUMNI

RELATIONSHIP STATUS

Single Partnered/Married Separated
 Widowed Divorced

HOW DID YOU HEAR ABOUT ME?



Medical Conditions

Please list all known medical conditions.

Medications

Please list all current medications.

Reason for Therapy

Briefly describe your reasons for seeking therapy.

Confidentiality Statement

What we discuss in therapy is confidential. This means that what you say will not be talked about with anyone else. There are, however, four exceptions to this, which are: 1) If you are in danger to yourself (suicidal), or 2) If you are a danger to others. In these first two cases it is mandated by law that I take steps to ensure your safety and the safety of others. 3) If you disclose the identity of a minor who has ever been abused physically, sexually, or mentally, I am legally bound to disclose this information to the Department of Family and Child Services (DFACS), and 4) If you are involved in a legal matter, I may be required to comply with the demands of the court. This may entail releases treatment records to the court