

INTAKE FORM

Name: Sex: M F DOB: (MM/DD/YYYY)

Spouse/Partner: Sex: MF DOB: (MM/DD/YYYY)

Patient Home #: Work #: Cell #:

Spouse/Partner Home#: Work#: Cell#:

Patient Address: City: State: Zip :

Spouse/Partner: Same as above

or: City: State: Zip:

Patient Email:

Spouse/Partner Email:

Referred by (if via internet, please specify site):

Medications (Patient):

Medications (Spouse/Partner):

Medical Problems (Patient):

Medical Problems (Spouse/Partner):

Drug/Alcohol Use (Patient):

Drug/Alcohol Use (Spouse/Partner):

If you feel comfortable doing so, please tell me about the following:

Your experience or current participation in Psychotherapy? Couples Therapy?

Patient:

Spouse/Partner:

What you would most like to see as the result of our work together:

Patient:

Spouse/Partner:

Thank you.