

INTAKE INFORMATION

Date: _____

Name: _____ Birthdate: _____ Age: _____

Address: _____ City/State/Zip _____

Phone: (H):(____) _____ (Cell):(____) _____ Messages OK? ___ Text OK? ___

Do you live alone/with others? Relationship? _____

Email Address: _____ Referred

by: _____

Person and number to call in emergency: _____

Current Partner/Marital Status: _____ Years: ____ Former partner/marriage? ____ Years: ____

Current Partner/spouse's name: _____ Age: ____ Occupation: _____

Children/Step/Grand (names/ages): _____

Parents/Step (names/ages or year of death): _____

Siblings (names/ages): _____

Your Occupation/position: _____ Education: _____

Legal concerns/Are you or have you been involved in a lawsuit?: _____

Past/present physical health problems (include accidents, surgeries, hospitalizations): _____

Medical doctors: _____ Phone: _____ Last exam ____

Current Medications: _____

Past counseling/Psychotherapy/Psychiatric Hospitalizations: (use reverse for more than 2)

1) Therapist: _____ Phone/Address: _____

Reason/Issues: _____

Process/Outcome: _____ Dates: _____ to _____

2) Therapist: _____ Phone/Address: _____

Reason/Issues: _____

Process/Outcome: _____ Dates: _____ to _____

Past/present drug/alcohol use: _____

Anne Cooper, Psy.D. (PSY 19966)

851 Fremont Ave., Suite 108, Los Altos, CA 94024 (650) 339-3306

Family Mental Health Issues/Problems (past and present): _____

On the back, please describe briefly the reasons for seeking treatment. You may also wish to add to your description any past history that might be helpful to your treatment.