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CONFIDENTIAL CLIENT INFORMATION

Welcome to my practice. Please fill out the following questions as completely as possible. PLEASE PRINT OR WRITE LEGIBLY.

PERSONAL INFORMATION:

YOUR NAME

LAST

FIRST

MIDDLE

Social Security # _____ Sex M F Date of Birth _____ Age _____

Address _____
STREET CITY STATE, ZIP CODE)

Home Phone _____ Work Phone _____ Employer _____

Marital Status **S M W D** Referred by _____ Phone _____

Primary Physician _____ Phone _____

Date of Injury (if applicable) _____ Allergies _____

Medications & Prescribing Physicians _____

Reason for Seeking Help _____

SPOUSE'S NAME

LAST

FIRST

MIDDLE

Address _____
STREET CITY STATE, ZIP CODE)

Social Security # _____ Sex M F Date of Birth _____ Age _____

Spouse's Occupation _____ Employer _____

RESPONSIBLE PARTY/PARENT NAME

LAST

FIRST

MIDDLE

Address _____
STREET CITY STATE, ZIP CODE)

Social Security # _____ Sex M F Date of Birth _____ Age _____

Home Phone _____ Work Phone _____

EMERGENCY CONTACT _____ Relationship _____ Phone _____

CONFIDENTIAL INTAKE QUESTIONNAIRE

Name _____

1. How are you feeling about the initial visit?

2. What are your primary reasons for seeking services at this time?

3. Please list the symptoms that are causing you the most distress and indicate how long they have been present.

4. What are your goals for psychotherapy?
