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## Patient Intake Form

Today's Date: \_\_\_\_\_

### Personal Information

Patient's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address

Street

Apt #

City

State

Zip code

Grade: \_\_\_\_\_ School name: \_\_\_\_\_

Parent primary phone: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Referral's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you currently covered by Medicaid or Medicare?: \_\_\_\_\_

## **Parent Information**

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from patient):

\_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip code

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from patient):

\_\_\_\_\_  
Street Apt #

\_\_\_\_\_  
City State Zip code

Parents' marital status: \_\_\_\_\_

*If parents are divorced, and only one parent providing written consent to treatment, a copy of custody arrangements specific to authorization for medical/psychological treatment from divorce decree is required prior to beginning treatment.*

## **Medical Information**

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current medical condition(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications (name, dose, frequency):

\_\_\_\_\_

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**Family Information**

People currently living in household (names/ages/relationships):

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History of relevant family events/stressors (e.g., adoptions, divorces, deaths, substance abuse):

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Biological family history of psychological issues (e.g., ADHD in sibling, bipolar disorder in uncle):

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**Primary Concerns**

Briefly describe the problems or concerns that bring you here today:

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## **Previous Services**

List previous therapies, treatment, tutoring, academic accommodations, hospitalizations, etc.:

Therapist's name/tutor's name/agency/hospital:

Dates or ages when received:

_____	_____
_____	_____
_____	_____
_____	_____

***Your signature below indicates that you consent to treatment (see more details in Patient Services Agreement).***

Patient's printed name \_\_\_\_\_

Parent/guardian's name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_