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Patient Intake Form

Today's Date: _____

Personal Information

Patient's name: _____ Date of Birth: _____

Address

_____

Street Apt #

_____ SELECT ONE: _____

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?: SELECT ONE:

Parent Information

Mother's name: _____ Phone: _____

Address (if different from patient):

_____
Street Apt #

_____ SELECT ONE: _____
City State Zip code

Father's name: _____ Phone: _____

Address (if different from patient):

_____
Street Apt #

_____ SELECT ONE: _____
City State Zip code

Parents' marital status: SELECT ONE:

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):

_____

_____

_____

Family Information

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

_____

_____

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

_____

_____

_____

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

_____

_____

Primary Concerns

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

_____

_____

_____

_____

_____

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 SELECT ONE: _____

Parent/guardian's signature _____ Date _____