

INTAKE INFORMATION

Name: _____

Address: _____

Phone number: _____ E-mail address _____

Emergency Contact Name and Phone:

Date of Birth: _____ Age: _____ Ethnicity: _____

Level of Education: _____

Marital Status: _____ Length of time in Relationship: _____

Number of Children/Age of Children: _____

Occupation: _____ Yrs at job _____

Drug/Alcohol Use/Abuse History: _____

Birthorder: _____ Adoption _____

Illness/Surgeries: _____

Legal Issues: _____

History of Mental Illness: _____

Family History of Mental Illness: _____

Prior Psychotherapy Experience: _____

History of Presenting Issue/Illness: _____

THERAPIST COMPLETES INFO BELOW

Diagnosis:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Treatment Plan:

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