Downtown
Psychological Services PC

Intake Form

Name: _____ Today's Date:_____/_____/_____

Phone number:	Email address:

Can messages be left at the above number? YES NO OTHER

Can your therapist email your invoice (if applicable) to the above email address? YES NO OTHER

DEMOGRAPHIC INFORMATION

Gender Identity:	

DOB (MM/DD/YYYY):

Ethnicity/Race:	

Current address _____ Secondary Address (if tied to insurance)

City, State_____

Zip: _____

TREATMENT HISTORY

Please describe briefly the reason(s) you are seeking therapy at this time:

Referred by?:

Have you had prior psychotherapy?: If yes, in what way(s) did you find it helpful?

YES NO What approximate dates?

Please list all current medications:	Medications used in the past:

Please list name and phone number (if available) of previous therapist(s) and/or psychiatrist(s)

Current physical health: Please briefly describe and include any conditions you feel affect your well-being. Include any chronic illness or disability:

EMPLOYMENT AND INSURANCE

Are you currently employed?:	YES NO

Occupation: Employer Name: Employer Location: Length of Employment:

Approximate Annual Household Income 0 – $49,999 $50,000 – 99,999 $100,000 – 149,999 > $150,000

Health Insurance: YES NO If yes, what carrier?:

If yes, Group/plan # _____ Member ID #_____

RELATIONSHIPS:

Your relationship status: Single Married Divorced Widowed Partnered Cohabitate

Other:

Please list the person(s) that you feel are most dependable in your life that you would want contacted in the event of an emergency:

Name: **Relationship:** **Phone:** **Email:**

FAMILY BACKGROUND:

Are your parents: Together Separated Divorced Widowed - *If divorced, enter your age at that time* ___

Please enter applicable information for family members listed below.

Enter first name, age, location and occupation of siblings (include step and half siblings):	1.
	2.
Please specify if any of your close relatives has a psychiatric problem, serious medical condition, or is deceased:	3.
	4.
	5.

STRENGTHS:

What do you like best about yourself?

Please list hobbies and interests (current and past):

Please describe other pleasurable activities that you find relaxing:

Thank you for taking the time to complete this important information