

PATIENT INTAKE FORM

Your name: _____

Address: _____

Date of Birth _____ **Social Security #** _____

Telephone Number: _____

Person to contact in an emergency: _____ **(Relationship)** _____

Phone number: _____

Religion _____ **Ethnicity** _____ **Education** _____

Occupation (if not retired) _____

Name and age of your parents: _____

Name & ages of brothers & sisters _____

Names & ages of children: _____

Describe your childhood to the best of your ability (use back of page if necessary): _____

Please list any illnesses – physical or psychological including treatment for mental health and/or addictions with dates of treatment:

Please state in your own words, the reason for your visit:

Goals for Therapy:

Previous Counseling History:

Successes and/or dissatisfaction(s) with previous therapy and why:

Please circle any of the following that apply to you:

- | | | |
|---------------------|--------------------------------|-------------------|
| Depression | Worrying Excessively | Hearing voices |
| Feeling hopeless | Feeling worthless | Seeing things |
| Too anxious to rest | People are against you | Tension |
| Poor energy | Not interest in doing anything | Panic attacks |
| No appetite | Nightmares about the past | Drinking too much |
| Too many drugs | Fatigue | Can't focus |
| Sleep problems | Repetitive thoughts | Over-eating |
| Excessive energy | Unexplained euphoria | Compulsive |
| Phobias/fears | Memory problems | Can't concentrate |
| Tics or jerks | Easily get lost | Forgetfulness |
| Sleep too much | No energy to for self-care | Talk too fast |
| Impulsive spending | Can't get house clean | Racing thoughts |
| Hyperactive | Lethargic | Loss of time |

Please list all medication you are currently taking:

Who referred you? _____

PLEASE BRING ALL PAPERWORK WITH YOU.

Address: 240 Royal Palm Way, Palm Beach. Take Okeechobee Boulevard east over the bridge to Palm Beach. Look for the Wilmington Trust building on the south side of the Royal Palm Way. Heading east turn right between Wilmington Trust and Fidelity Investments where the parking lot is located. Park in an unmarked space.

Enter through the green doors in the Wilmington Trust building. Take stairs or elevator to the second floor. I will meet you in the waiting area and all escort you to my office.

-3-

Please initial the following:

_____ Payment is due at time of visit. Sessions are a full hour.

_____ Insurance is not accepted, but paperwork for reimbursement will be completed for you.

_____ This time is reserved for you, therefore 48 hours cancellation is required.

_____ If you have an urgent matter, and must cancel a scheduled appointment less than 48 hours, you are responsible for payment, but an alternative time (the same week) will be made available to you.

_____ If you are not physically capable of keeping a scheduled appointment, a phone or Skype session will be offered to you.

Extra writing space: