

**NEW PATIENT INTAKE FORM**

**ADULT PATIENTS AND PARENTS/GUARDIANS OF MINORS:**

Are you the patient? Y / N

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it ok to leave a message for you at this number? Y / N

Mobile Phone: \_\_\_\_\_ Is it ok to leave a message for you at this number? Y / N

Email: \_\_\_\_\_ Is it ok to email you? Y / N

Address: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Current Occupational Status: \_\_\_\_\_

**PATIENTS 17 AND UNDER:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

If parents are divorced/separated, please specify custody agreement (both legal and physical):  
\_\_\_\_\_

**ALL PATIENTS:**

Who referred you: \_\_\_\_\_ or Self-referred: \_\_\_\_\_

Has the patient been to therapy before? Y / N If yes, where or with whom? \_\_\_\_\_  
\_\_\_\_\_

Has the patient received psychological testing before? Y / N If yes, where, when or with whom?  
\_\_\_\_\_

Is the patient currently taking any medication? Y / N If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Presenting Problem (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_