



ANGELA HASTY, Ph.D.

PSYCHOLOGICAL SERVICES

Self discovery that improves your life

Intake Information

Name: _____

Date: _____

Referred by: _____

Problem and Symptoms:

Presenting Problem [briefly describe why you are seeking help]:

Current Symptoms [e.g., anxiety, depression, problems with sleep (trouble falling asleep, number of hours per night, etc.), appetite, concentration, etc.]:

Why are you seeking treatment now?



ANGELA HASTY, Ph.D.

PSYCHOLOGICAL SERVICES

Self discovery that improves your life

What have you tried so far to solve your problems?

History:

Previous Treatments [include names of previous therapists, years in treatment and any treatment programs you have attended]:

Previous Psychiatric Hospitalizations [why were you hospitalized? how long did you stay? were you suicidal?]:

Alcohol Use [how much, how often, age when started drinking]:

Tobacco Use [age started, how often]:

Caffeine Use [Coffee, Tea, Cola, Chocolate]:



ANGELA HASTY, Ph.D.

PSYCHOLOGICAL SERVICES

Self discovery that improves your life

Do you use any other substances [e.g., marijuana, cocaine, prescription drugs, etc.]:

Medical History [list names and dates of any illnesses, surgeries, seizure activity or head injuries]:

Medication [list names, dose and frequency of any medications you are currently taking or have taken within the last year]:

Basic Personal Information:

Marital/Partner Status [include how many years together, previous marriages cohabitation, briefly describe relationship with your partner]:



ANGELA HASTY, Ph.D.

PSYCHOLOGICAL SERVICES

Self discovery that improves your life

Children [include names, ages, sex, briefly describe relationship with each child]:

Current Occupation [describe your profession and work life]:

Hobbies or Special Interests [describe what you like to do in your spare time]:

Family History:

Father:

Age: _____ **Occupation:** _____

Current residence? _____

If deceased, how old were you when your parent died? _____

Mother:

Age: _____ **Occupation:** _____

Current residence? _____

If parent is deceased, how old were you when parent died? _____

