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PSYCHOLOGY INTAKE FORM

The following is considered confidential and privileged information. Please answer all questions as well as you can.

Name: Birth Date: Age:

Home Address:

Home Phone: Email:

Cell Phone: Work Phone:

Referred by:

REFERRAL INFORMATION

What are the main problems or concerns that prompted your interest in psychotherapy?

Has you ever had contact with any psychologist, psychiatrist, counselor, or social services before? When and where?

Have you consulted with anyone else for current problems?

MEDICAL HISTORY

List any serious illness, injuries, hospitalizations (medical or psychiatric), and surgeries:

Do you have a history of medical problems? (e.g. head injury, seizures, allergies, asthma?):

Do you have any sleep difficulties?

Please list any current medications you are taking, including the dosage:

BEHAVIOR AND SOCIAL HISTORY

Do you have any complaints or concerns about your social relationships:

Have you been exposed to any trauma recently or in the past?

How do you typically spend your free time?

Do you have any difficulties with alcohol and/or drug use?

EDUCATIONAL AND EMPLOYMENT HISTORY

Highest level of education completed:

Current employer:

Title:

Work address:

Any concerns with employment:

FAMILY INFORMATION

Mother's name: Age:

Education: Occupation:

Father's name: Age:

Education: Occupation:

Sibling Names Age Sex

Please describe any emotional or behavioral problems in family members (including learning problems, ADHD, anxiety, depression, suicide attempts, eating disorders, schizophrenia, bipolar, substance abuse, conduct problems, mental retardation, autism):

Do any family members have problems similar to your reason for referral? Please explain: