

Gullick and Associates
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Intake Information: Please answer the following questions to help us provide you with the best care. The information is part of your record and therefore is *confidential*.

General Information

Today's date: _____

Your Name: _____ Age: _____

Address: _____

Telephone: Daytime _____ Evening _____

Email address: _____

Employer: _____

Type of Work: _____

How long at this job: _____

Date of birth: _____

Marital Status: _____

If married, spouse name: _____

spouse age: _____ spouse occupation: _____

Referred by: _____

Whom should we contact in case of emergency?

Name: _____

Relation to you: _____

Telephone: _____

Address: _____

Payment method (check one): self-pay insurance plan

Name of insurance company: _____

Policy/Group Number: _____

Individual Identification Number: _____

Address for filing insurance claims: _____

Telephone Number to verify benefits () _____

CONTINUED

Health Information

Family Physician: _____ Date of last physical exam: _____

Past & Current Medical Problems: _____

Current Medications (dosage if known)/prescribed by:

Previous Psychotherapy/Psychological Treatment

Problem	Date of Treatment	Provider Name
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Family Information

If you have children, list:

child name(s)	Age(s)
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Your Parents' Names	Ages	Occupations
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Sibling Names	Ages	Occupations
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Other important family members (list names and their relations to you): _____

Education

School	Degree	Years
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Current Problems (all information is CONFIDENTIAL)

In your own words, what difficulties have led you to seek counseling?

Have you had the following problems (circle one for each question):

alcohol/drug use?	Yes	No	loneliness/depression?	Yes	No
sexual difficulties?	Yes	No	family problems?	Yes	No
legal difficulties?	Yes	No	self-confidence?	Yes	No
suicide attempts?	Yes	No	sexual confusion?	Yes	No
relationship problems?	Yes	No			

other: _____

If you answered YES to any of the questions above, please explain:

(continue on the back of this page if you wish).

Have there been any traumatic events in your life? Yes No

If YES, explain and give the date(s) of event(s):

Current Coping

On a scale from 1 to 100, please rate how well you feel you have been getting along in the past two weeks (circle one);

Completely									Superior coping
unable to cope			Moderate problems						in all areas
10	20	30	40	50	60	70	80	90	100

Continued

If you have been in therapy or counseling in the past, please rate how you felt about the experience.

My previous experience with therapy was (circle one):

Very Helpful		Neither Helpful or Harmful		Very Harmful or Disappointing		
1	2	3	4	5	6	7

Please describe what was helpful or what “worked” in your previous therapy or counseling:

Please describe what was not helpful or what did not “work” for you in your previous therapy:

Please think about the reasons for making your appointment; which of following *best* describes your current attitude about coming in for your appointment today (check the statement that *best* describes you).

- 1. I don't really think that I have a problem that requires therapy.
- 2. I do have a problem that I will probably need to address some day.
- 3. I have a problem that I want to address in the near future.
- 4. I have a problem that I have actually started working on and I am ready to change.
- 5. I have made successful changes in the past, but my problem has returned.