

## IVIE WELLNESS CENTER INTAKE FORM

This form is confidential. It is used for therapist information and billing.

Today's date:	If you need more room to answer questions, please use the back of the form.				
<b>CLIENT INFORMATION</b>					
Client's last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Parent or Guardian	Parent Name	Parent Name	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Cell Phone no: (   )	Home phone no.: (   )		
P.O. box:	City:	State/Zip:	Ok to leave a message: Home Y or NO   Cell Y or No		
Occupation/Work Status/Grade level:	Email:	Do you want to be contacted by email? Yes   or   No			
Chose therapist because/Referred by (please check one box):		<input type="checkbox"/> Dr. _____	<input type="checkbox"/> Insurance Plan	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other _____	
Reason for seeking therapy:					

Issues I am concerned about: depression   anxiety   parenting   behaviors   crisis   grief   death   anger   not sleeping   suicidal thoughts  
loss of interest  
Other:

Previous Mental Health Diagnosis:		
Previous therapy: (what were the reasons):		
Ethnicity/Cultural Affiliation:		
Religious/Spiritual Affiliation:		
Emergency Contact: Name:	Relationship to Client:	Phone:

The above information is true to the best of my knowledge.

_____	_____
<i>Patient/Guardian signature</i>	<i>Date</i>