MARCIA W. HEMLEY, Ph.D., P.C. Licensed Psychologist – Doctorate

INTAKE FORM

				DATE:		
NAME:				SSN:	·	
				REFERRED BY:		
				MARRIEDOTHER		
				EDUCATIONAL LEVEL:		
MEMBERS IN PRESENT HOME		RELATIONSHIP		AGE SEX OCCUPATION		
	1	-				
FAMILY YOU GREW UP IN MEMBERS OF FAMILY		RELATIONSH	IP AGE	OCCUPATION	CURRENT LOCATION	
IN CASE OF Name: Address:	F EMERGENCY, NO	TIFY:				
Telephone: Relationship:	hone: Home: Work: onship:					
	OR SEEKING THE					
				·-		

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REATMENT GOALS lease describe your goals in seeking	therapy now:	,	
	:		•
lave you or someone significant in you pproximate dates.	r life had any problems in Within Past 12 Months	the following areas? Che In the Past	ck all that apply and Self/Other
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Agrital			
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Children			
mployment		**************************************	
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inancial			
egal			
Death			
Death Llcohol	Windows		
Death Alcohol Drugs	***************************************		
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion			
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse			
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse Change in living situation			
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse Change in living situation Changes in your life that upset you			
ceath cloohol crugs regnancy/Miscarriage/Abortion chysical/Sexual Assault or Abuse change in living situation changes in your life that upset you experiences that you cannot explain			
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse Change in living situation Changes in your life that upset you Experiences that you cannot explain Teelings that are difficult to handle How many alcoholic drinks/beers do yo	u or someone significant i	in your life drink at a sitting	ag? Please circle the
Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse	u or someone significant i	•	ag? Please circle the
regnancy/Miscarriage/Abortion hysical/Sexual Assault or Abuse thange in living situation thanges in your life that upset you elings that are difficult to handle low many alcoholic drinks/beers do you nd state who None 1-3	4-5	in your life drink at a sitting	ng? Please circle the
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Death Alcohol Drugs Pregnancy/Miscarriage/Abortion Physical/Sexual Assault or Abuse Change in living situation Changes in your life that upset you Experiences that you cannot explain Feelings that are difficult to handle How many alcoholic drinks/beers do yound state who	4-5	•	ng? Please circle the

If you	or someone significant in your life uses drugs, please specify who, type of drug(s) and frequency of use.
PREV treatm	VIOUS THERAPY: Include outpatient treatment and psychiatric hospitalizations, dates, therapist names, reason for nent, and outcome of treatment.
	List any major medical problems, including hospitalizations and dates of treatment:
1.	List any major medical problems, including nospitalizations and dates of freatment:
2.	List all medications, prescription, and non-prescription drugs you have taken during the last 6 months and indica prescribing physician, dates of prescriptions and dosages:
•	
3. 4. 5.	What is you family doctor's name and phone number? When was your last physical? Drug allergies or problems?
6.	Has any member of your family had a serious medical or emotional problem? Please state family member ar problem:

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TO BE FILLED IN BY DR. HEMLEY:

1.	Affect Speech	Appropriate	Problem	Describe
	Mood			
	Thought control	-		
	Judgment			
	Insight			
	Attention/concentration	······································		
	Memory			
	Impulse control		*******	
8.	RISK FACTORS			
٥,	MSK FACTORS			
9.	DIAGNOSIS			
7.				
	Axis I Axis II	GAF		
	Axis III	3	Current	Highest past year

word\patientintakeinfo 6/29/00-mhl

Axis IV