

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

INTAKE FORM

DATE: _____

NAME: _____ SSN: _____

ADDRESS: _____

PHONES: HOME: _____ WORK: _____ REFERRED BY: _____

DATE OF BIRTH: _____ STATUS: SINGLE _____ MARRIED _____ OTHER _____

OCCUPATION: _____ EDUCATIONAL LEVEL: _____

MEMBERS IN PRESENT HOME	RELATIONSHIP	AGE	SEX	OCCUPATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY YOU GREW UP IN MEMBERS OF FAMILY	RELATIONSHIP	AGE	OCCUPATION	CURRENT LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN CASE OF EMERGENCY, NOTIFY:
Name: _____
Address: _____
Telephone: Home: _____ Work: _____
Relationship: _____

REASONS FOR SEEKING THERAPY NOW:

If you or someone significant in your life uses drugs, please specify who, type of drug(s) and frequency of use.

PREVIOUS THERAPY: Include outpatient treatment and psychiatric hospitalizations, dates, therapist names, reason for treatment, and outcome of treatment.

SIGNIFICANT MEDICAL INFORMATION

1. List any major medical problems, including hospitalizations and dates of treatment:

2. List all medications, prescription, and non-prescription drugs you have taken during the last 6 months and indicate prescribing physician, dates of prescriptions and dosages:

3. What is your family doctor's name and phone number? _____

4. When was your last physical? _____ Where? _____

5. Drug allergies or problems? _____

6. Has any member of your family had a serious medical or emotional problem? Please state family member and problem:

TO BE FILLED IN BY DR. HEMLEY:

7. MENTAL STATUS:	Appropriate	Problem	Describe
Affect	_____	_____	_____
Speech	_____	_____	_____
Mood	_____	_____	_____
Thought control	_____	_____	_____
Judgment	_____	_____	_____
Insight	_____	_____	_____
Attention/concentration	_____	_____	_____
Memory	_____	_____	_____
Impulse control	_____	_____	_____

8. RISK FACTORS

9. DIAGNOSIS

- Axis I
- Axis II
- Axis III
- Axis IV

GAF	_____	_____
	Current	Highest past year