

DEB ELKIN, LPC - INTAKE FORM

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE H _____ W _____ CELL _____

EMAIL _____ DATE OF BIRTH _____

OCCUPATION _____ REFERRED BY _____

Are you currently being treated for any medical conditions? Is there anything of significance in your medical history?

Are you currently taking any medications? For what conditions?

Please indicate consumption level:

	None	Light	Moderate	Heavy
Salt	_____	_____	_____	_____
Sugar	_____	_____	_____	_____
Coffee	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Exercise	_____	_____	_____	_____
Water	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Drugs	_____	_____	_____	_____

Have you been in therapy before? Dates, reason for treatment(s). How did you feel about this experience?

Have you ever been hospitalized for psychological/psychiatric treatment?

Date; reason for treatment. How did you feel about this experience?

Have you been prescribed medication in the past to help with mood, depression or anxiety?
Approximate dates; medication; reason. What do you feel have been the results of the medication?

Have you ever attempted suicide? Has anyone in your family attempted or completed a suicide attempt?

Current relationship status (married, single, etc.)

If you are in relationship, how is it working for you right now?

Children – If minors, where are they living?

Please state briefly what brings you to therapy at this point in time.
