ALISON FREEMAN, Ph.D.

Clinical Psychologist

INTAKE FORM

In order for me to best help you, please fill out the following information. All information is strictly confidential and cannot be legally released without your written permission. Please use the back of this page for additional information, if necessary.

Name _____ M____F____ TODAY'S DATE _____
Last First Middle

ADDRESS_____
Street City State Zip

E-mail address _____Phone (C) _____Phone (H) _____

Ok to leave message on phone? _____ yes _____ no Preferred contact? _____phone _____email

Employer_____ Occupation/Title _____Phone (W)_____

Birthdate _____ Birthplace _____ Ethnic Identification_____

Highest Grade Completed _____ Relationship Status: Single ____ Dating _____Married/Partnered

Divorced____ How long? _____

REFERRED BY: Self ____ Doctor _____ Insurance Co. _____ Other _____

PRIMARY INSURANCE INFORMATION:

Insured's Name: _____Relationship to Patient: _____Birthdate _____

Name of Insurance: _____ Insurance ID Number _____

Policy/Group No: _____

Insurance Phone Number for verification of benefits: _____

SECONDARY INSURANCE INFORMATION

Insured's Name: _____Relationship to Patient: _____Birthdate _____

Name of Insurance: _____ Policy/Group No: _____

Insurance Phone for verification of benefits: _____ Contact: _____

REASON FOR SEEKING HELP _____

_____

_____

PLEASE LIST PREVIOUS THERAPY, COUNSELING OR HOSPITALIZATIONS

YEAR THERAPIST LOCATION HOW LONG? RESULTS?

_____

_____

_____

HOW LONG HAVE THESE THINGS BEEN BOTHERING YOU? _____

WHAT HAVE YOU TRIED TO DO SO FAR? _____

_____

MEDICAL HISTORY

Date of last medical examination_____ Any medications?_____

for what?_____ Doctor's name and ph. #_____

List serious illnesses, injuries, surgeries, hospitalizations or traumas and dates:

_____

_____

_____

FAMILY OF ORIGIN INFORMATION (please use the back of this page if more space is needed)

NAME RELATIONSHIP AGE OCCUP WHERE LIVE? HOW YOU GET ALONG?

_____

_____

_____

_____

Put an * next to the name of anyone who has a history of mental illness, alcoholism, drug use or eating disorder. Put two ** next to their name if it is current. Put *** if deceased.

WHO DO YOU LIVE WITH NOW? RELATIONSHIP? HOW LONG?

_____

_____

_____

_____

What hobbies, interests or special skills do you enjoy ? _____

_____

What do you do for exercise or working out? _____

_____

How often do you work out? _____

PLEASE CHECK ANY/ALL OF THE FOLLOWING CONCERNS

	Mild	Moderate	Serious
____ Headaches	_____	_____	_____
____ Loneliness	_____	_____	_____
____ Worried	_____	_____	_____
____ Depressed	_____	_____	_____
____ Trouble concentrating	_____	_____	_____
____ Trouble sleeping	_____	_____	_____
____ Nightmares	_____	_____	_____
____ Stomach pains	_____	_____	_____
____ Feeling hopeless	_____	_____	_____
____ Panic Attacks	_____	_____	_____
____ Weight change	_____	_____	_____
____ Eating Issues	_____	_____	_____
____ Financial Hardship	_____	_____	_____
____ Trouble with boss	_____	_____	_____
____ Trouble with relationship(s)	_____	_____	_____
____ Ready to Explode	_____	_____	_____
____ Easily frustrated	_____	_____	_____
____ Drink too much	_____	_____	_____
____ Feelings of unreality	_____	_____	_____
____ Obsessive Thoughts	_____	_____	_____
____ Dizziness/numbness	_____	_____	_____
____ Loss of Sexual Desire	_____	_____	_____
____ Suicidal Feelings	_____	_____	_____

How much time do you spend on the computer with non-work/school related activities ie Facebook, Twitter, social media, gaming, etc?_____

PAST OR CURRENT USE OF DRUGS AND ALCOHOL (HOW OFTEN?)

	Past	Current
Alcohol	_____	
Marijuana	_____	
Cocaine	_____	
Cigarettes	_____	
Coffee	_____	
Sleeping Pills	_____	
Other	_____	

Any other information that you think would be helpful for me to know? _____

_____

_____

_____

EMERGENCY CONTACT #1 Name/Nbr# _____

EMERGENCY CONTACT#2 Name/Nbr# _____

Were you referred by someone? yes ____ no _____ If yes, please give me their name:

_____

I like to thank people for their trust and referrals. If I may do so, I would like to ask your permission to give either written or verbal acknowledgement to the person who referred you to me.

REFERRED BY _____ SIGNATURE_____

Thank you for taking the time to answer this form and I look forward to working with you.