



Orange County Health Psychologists, Inc.

**Intake Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home/evening phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Chief Concern**

*Please describe the main difficulty that has brought you in today:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Prior Treatment**

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

**When?** \_\_\_\_\_ **From whom?** \_\_\_\_\_ **For what?** \_\_\_\_\_

**With what results?** \_\_\_\_\_

2. Have you ever taken medications for psychiatric or emotional problems?

No  Yes If yes, please indicate:

**When?** \_\_\_\_\_ **From whom?** \_\_\_\_\_ **Which medications?** \_\_\_\_\_

**With what results?** \_\_\_\_\_

**Medical care:** From whom or where do you get your medical care?

**Clinic/doctor's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

If you enter treatment with me, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No  Prefer to discuss first

**Emergency Information**

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Referred By** \_\_\_\_\_ **Phone calls, mail and email will be discreet, but are there any restrictions for contacting you?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_