5505 North Via Arroyo Amistoso
Tucson, AZ
Phone (520) 260-6700

INTAKE INFORMATION

THIS SHEET MUST BE FILLED IN COMPLETELY
Please Print Clearly

Date_____

Client's First Name_____ Last Name_____

Address: _____

Telephone(Home)_____ (Work)_____

Birthdate: _____ Age: _____ Gender ____F ___M

Person responsible for payment: _____

Address_____

Signature of Person Responsible for Payment_____

(Must be signed for services to begin)

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you):

_____
_____
_____
_____
_____

Estimate the severity of above problem: Mild ___Moderate ___Severe ___Very Severe___

PAST/PRESENT PSYCHOTHERAPY Yes-_____No-_____

Previous diagnosis if any (This information remains confidential)

_____

_____

Current Medical Issues?_____

_____

_____

EMERGENCY INFORMATION

In case of emergency contact:

Name (1) _____ Relationship _____Phone _____

Name (2) _____ Relationship _____Phone _____

Current Medications_____

_____

Allergies_____

_____

EMPLOYMENT INFORMATION

Client Place of employment: _____Phone_____

REFERALL SOURCE

How did you hear about our clinic (or from whom?) _____