



## INTAKE HISTORY

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

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

City & Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

MD: \_\_\_\_\_ Psychiatrist/ Psychologist: \_\_\_\_\_

### If Client is less than 18 years old:

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Both parents live with the child? \_\_\_\_\_ If no, do you have legal custody? \_\_\_\_\_

**List any diagnoses or medical condition and any prescription drugs such as Adderall, Concertta, Focalin, Strattera, Lamictal, Prozac, Zoloft, Neurontin, and Tegretol used in the past or now:**

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

**What other approaches have you tried (therapy, diets, etc.)?**

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

### How did you find us:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> KGO             | <input type="checkbox"/> School        | <input type="checkbox"/> Yahoo         | <input type="checkbox"/> Direct mail   |
| <input type="checkbox"/> Bay Area Parent | <input type="checkbox"/> KCBS          | <input type="checkbox"/> Public radioq | <input type="checkbox"/> M.D. referral |
| <input type="checkbox"/> Google          | <input type="checkbox"/> Parents Press | <input type="checkbox"/> Bing          | <input type="checkbox"/> Other parents |

Other: \_\_\_\_\_

If referred by a friend or your doctor, may we have your permission to thank them for this referral? \_\_\_\_\_

**Please list things you would like to see changed as the result of your work with us:**

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

**Why now? What has prompted you to want to take action now?**

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