

JAMES R. DAVID, Ph.D.

Intake Information

Please Print

Name _____ Preferred _____
 First Middle Last

Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Social Security # _____

Birthdate _____ Age _____ Race _____

How many years of school did you complete? _____ Marital Status _____

Current Employer _____ Occupation _____

How long at present job? _____ Income _____ Per _____

Religion _____ Referred by _____

Name of health insurance company _____

Reason for Psychotherapy _____

Emergency Contact _____

 Relationship _____ Phone _____

Family Members

Name	Age	Relationship	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of personal physician _____ Address _____

Phone _____ Date of last physical exam _____

Any current health problems? _____

Currently on any medications? _____ for _____

Any significant past health problems? _____

Have you ever been hospitalized? _____ If so, where, when and for what reason?

Please list all allergies _____

Do you smoke or chew tobacco? _____ How long? _____

Have you ever been sexually abused? _____

Have you ever attempted suicide? _____

Have you ever had a drug or alcohol problem? _____

Have you ever had an eating disorder? _____

Any phobias? _____

Do you ever have episodes of anxiety or panic where you suddenly feel frightened in places or situations where most people would not? _____

Are there things you have to do over and over again, like washing your hands or checking a light switch numerous times or are there any thoughts that you think over and over again even when you'd like to stop thinking about them? _____

Have you ever had an experience where you saw or heard things that others could not see or hear? _____

Have you ever felt that strangers were trying to hurt you or felt that people were talking about you without reason? _____

Other reasons for initiating psychotherapy?
