Psychology Intake Form

Patient information			
First name: Chris	Last name: Anderson	Preferred name:	Patient identifier (if known): MB12345
Gender: Male	Preferred pronouns: He/Him	Date of birth: 26/04/1980	Marital status: Married

Address	City	State	Zip code
123 Dodge Street	Alexandra	Oakland	12345

Email	Preferred phone number
abc@gmail.com	093439485

Emergency contact		
Full name: Tom Anderson	Relationship: Father	Contact number: 09254874
Full name: Lucy Black	Relationship: Girlfriend	Contact number: 09345349

Health and medical information		
Primary care physician: Jim Green	Address: 123 Albany Street, NY, 43245	Contact number: 092343454
Psychiatrist: Kane Lee	Address: 123 Mayer Street, NY, 43245	Contact number: 093456398

Please list any medical conditions

Asthma

Please list any current medication

Symbicort

Insurance information (if applicable)		
Insurance carrier: AMI	Insurance plan: Health Insurance	Contact number: 0934598763
Policy number: SQ34598456	Group number: 12334	Social security number: MN3459872

Employment status

☑ Employed ☐ Self-employed ☐ Unemployed ☐ Other:

Occupation	Industry	Company name
Computer Engineer	IT	Lumix

Company address	City	State	Zip code
123 Jolly Street	Philadelphia	Pennsylvania	34523

Availability

Please describe your availability throughout the week

Free Monday - Friday from 9am to 11am

Patient information			
First name Chris	Last name Anderson	Date of birth 26/04/1980	Gender Male

Personal and family

What is your ethnicity?

European

How many people are in your household?

4

What is your income level?

200k annually

What is the highest education level you've completed?

PHD

Have you ever been hospitalized for a psychiatric illness?	☐ Yes	☑ No
Does any family members have a history of mental illness?	☑ Yes	☐ No
Have you ever attempted suicide?	☐ Yes	☑ No
Has any family members ever attempted or committed suicide?	☐ Yes	☑ No
Do you have problems with substance abuse?	☑ Yes	☐ No
Does any family members have problems with substance abuse?	☐ Yes	☑ No
Have you ever been arrested?	☐ Yes	☑ No

If yes, please explain

How are you doing at your job?

☐ I. Not working ☐ II. Cannot function ☐ III. Serious problem ☑ IV. Mild problem ☐ V. No problem

How are you doing at in your marital or with your significant other?

☐ I. Not working ☑ II. Cannot function ☐ III. Serious problem ☐ IV. Mild problem ☐ V. No problem

How are you doing in relationships with family member?

☐ I. Not working ☐ II. Cannot function ☑ III. Serious problem ☐ IV. Mild problem ☐ V. No problem

How are you doing in relationship with non-family member?

☐ I. Not working ☐ II. Cannot function ☐ III. Serious problem ☐ IV. Mild problem ☑ V. No problem

How is your overall happiness and well-being?

☐ I. Not working ☐ II. Cannot function ☑ III. Serious problem ☐ IV. Mild problem ☐ V. No problem

All the answers given to the above questions are answered accurately to the best of my knowledge. I understand that any inaccurate information can be dangerous to my (or patient's) health.

Parent or guardian name (if applicable)	Relationship to patient (if applicable)
n/a	n/a
Signature or patient, parent or guardian	Date 14/12/2022