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Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices.

NAME: _____ DATE: _____

NAME OF PARENT/GUARDIAN (if under 18 years old) _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONES: Home: _____ Cell: _____ Work: _____

Email: _____ Best way to reach you? Is Text Y/N? _____

EMERGENCY CONTACT(name and number): _____

REFERRAL SOURCE: _____

IF YOU WILL BE USING INSURANCE PLEASE PROVIDE THE FOLLOWING:

NAME OF INSURANCE COMPANY: _____

INSURANCE BILLING ADDRESS: _____

INSURANCE PHONE NUMBER: _____

NAME OF INSURED: _____

YOUR RELATIONSHIP TO INSURED: _____

INSURED'S ID NUMBER: _____

INSURED'S GROUP NUMBER: _____

MEDICAL DOCTOR (S) (name/phone): _____

OCCUPATION/SCHOOL : _____

PRESENTING PROBLEM (what brings you to therapy at this time):

Estimate the severity of above problem: Mild ___ Moderate ___ Severe ___ Very severe ___

How many sessions or how much time do you think you need to successfully resolve this problem?

___ 1-10 sessions ___ 10-20 ___ ongoing/long term therapy ___ not sure

RELATIONSHIP STATUS: Current _____

Past _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, brief statement on your relationship)

Father: _____

Mother: _____

Stepparents: _____

SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship.):

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

SPECIFY MEDICATIONS you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

PAST/PRESENT PSYCHOTHERAPY:

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

What are your goals for therapy?

Please add any other information you would like me to know about you and your situation.