

INTAKE FORM

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CLIENT'S NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME TELEPHONE _____ BUSINESS PHONE _____

MOTHER'S CELL PHONE _____ FATHER'S CELL PHONE _____

SOC.SEC. # _____ DRIVER'S LIC.# _____

PRIMARY LANGUAGE _____ ETHNICITY _____

NAME OF EMPLOYER _____

OCCUPATION _____

BUSINESS ADDRESS _____

EDUCATION /DEGREE _____ MARITAL STATUS _____

IF THE CLIENT IS A MINOR, WHO IS (ARE) THE LEGAL GUARDIAN(S)? _____

NAME & AGE OF PARENTS (if client is a minor) _____

NAME & AGE OF CHILDREN(or siblings if client is a minor) _____

SCHOOL ADDRESS (for minors) _____

CURRENT LIVING SITUATION _____

DESCRIBE ANY HEALTH PROBLEMS _____

MEDICATIONS YOU TAKE & DOSAGE _____

DOCTOR'S NAME _____ PHONE NUMBER _____

HAVE YOU OR ANYONE IN YOUR FAMILY EXPERIENCED...

ALCOHOLISM? YES/NO FATHER / MOTHER / SIBLINGS / SELF _____

HOW LONG? _____ RESOLVED? _____

SUBSTANCE ABUSE? YES/NO FATHER / MOTHER / SIBLINGS / SELF _____

HOW LONG? _____ RESOLVED? _____

MENTAL ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF _____

HOW LONG? _____ RESOLVED? _____

SERIOUS ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF _____

HOW LONG? _____ RESOLVED? _____

ABUSE? PHYSICAL / SEXUAL / NEGLECT _____

SUICIDALITY? CURRENT / PAST/ # OF ATTEMPTS _____

HOSPITALIZATIONS? YES/NO FATHER / MOTHER / SIBLINGS / SELF _____

WHEN? _____ WHERE? _____ HOW LONG? _____

EMERGENCY CONTACT: NAME/RELATIONSHIP _____

EMERGENCY CONTACT PHONE: _____

HOW DID YOU HEAR ABOUT MY SERVICES? _____

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: _____ DATE: _____

LEGAL GUARDIAN : _____ DATE: _____