

Lisa Blevins, Ph.D.
Licensed Psychologist
#PSY 14707

Intake Form

NAME: _____ MALE/FEMALE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: (Best to reach you) _____ D.O.B.: _____ Age: _____

HIGHEST GRADE/DEGREE: _____ REFERRAL BY: _____

OCCUPATION/POSITION: _____

EMAIL: _____ OK TO CONTACT BY EMAIL: Y N

(CIRCLE PAYMENT FORM) **Private Pay** OR **Insurance Info:** _____

PRESENTING PROBLEM: _____

PERSON AND TEL. NO. TO CALL IN EMERGENCY: _____

MARITAL STATUS: _____ FORMER/PRESENT MARRIAGE(S) (years): _____

SPOUSE NAME: _____ AGE: _____ OCCUPATION: _____

CHILDREN/STEP/GRAND (names/ages): _____

PAST/PRESENT MEDICAL CARE (Specify: major problems, accidents,
hospitalizations, current medication): _____

PAST/PRESENT COUNSELING/PSYCHOTHERAPY/PSYCHIATRIC HOSPITALS:

1. Therapist: _____ Dates: _____ to _____ Phone: _____

Initial reason: _____ Process and outcome: _____

HOSPITALIZATION(S)/REASON(S): _____

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (any addiction, AA/NA, etc.):

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE, SUICIDE:

ANY OTHER ADDICTIVE BEHAVIORS: _____