Coral Springs Annex LLC

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NEW PATIENT INTAKE FORM

Confidential

Name: ________________________________ **Date of Birth:** ______________ **SSN:** _________________

Responsible Party ____

Insured Name: _____________________ Insurance ID #: ______________ Insured Birth Date: ________

Home Address: _____________________________ City, State, Zip: _______________________________

Primary phone: ___________________________ Secondary phone: ______________________________

Email address: ____

Patient's Employer: ___________________________ Employer Address: ___________________________

Medical History

Hospitalizations:____

____

Medical diagnoses: _________________________

Current medications: ____

History of mental illness:____

____

Sleep issues: ___________________________

Suicide attempts: ________________ Suicidal thoughts: ____

History of physical/sexual/emotional abuse:____

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____

Early Childhood Information

Birth normal?_________________

Growing up normal/Problems?____

Parents married? ________ Alive? ___________ Quality of their relationship?_____________________

Siblings? _______________________ How do you relate to them?_______________________________

Do siblings have any disabilities or developmental problems? ___________________________________

Describe your childhood: ____

Describe your adolescence: ____

Issues or traumatic events? ____

Describe relationship with father: ____

Describe relationship with mother: ____

Marital History

Married: ___________________ How long: _________________ Children: ________________________

Widowed/Divorced?_______________ If yes, when?____

Substance Use History

Age of first use: _____________ Substances used: __________________ Current use: _______________

Substance-related legal history: ____

____

School History

Type of student:__________________________ Any identified learning problems:_________________

Any suspensions:_______________ When?___________________ Why?___________________________

Describe High School/activities/honors:____

College/degree:____

Social Life

Friends? ________ How many? _________ Social activities:____________________________________

Community service/arrests?_______________________ When? ________________________________

Legal problems?____

Financial problems?____

Self

What issues bring you to therapy:

____

____

____

____

Other information you wish to share:

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