

DRSHERRIBRUCEREGISTEREEDPSYCHOLOGIST#148INC.

Intake for Teen Form

Welcome. I want to make the most of each appointment you have with me. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is CONFIDENTIAL. If you have concerns or questions about the relevance of any information and wish to leave it blank, please do so.

Date: _____ Referral Source: _____

Name: _____ Gender: M _____ F _____

Teen's Birth date: _____ Age: _____

Home Telephone Number: _____

Can I leave a message __, name __ and number __?

Teen's Address: _____

Telephone number: _____

Emergency Contact: _____ Number: _____

Relationship to client: _____

Teen's Grade: _____ School Name: _____

Mom: _____ Dad: _____

Step-Dad: _____ Step Mom: _____

Type of Custody: _____

Family Doctor's Name & Address: _____

Relevant Medical History (please describe any significant current or past medical problems): _____

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Past Counselling Yes No When: _____
For: _____

Have you been hospitalized for a psychological difficulty? Yes
 No.

Type of counselling requested: Personal
