



ANGELA HASTY, Ph.D.

PSYCHOLOGICAL SERVICES

Self discovery that improves your life

Intake Information

Name: _____

Date: _____

Referred by: _____

Problem and Symptoms:

Presenting Problem [briefly describe why you are seeking help]:

Current Symptoms [e.g., anxiety, depression, problems with sleep, appetite, concentration, etc.]:

Why are you seeking treatment now?



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What have you tried so far to solve your problems?

History:

Previous Treatments [include names of previous therapists, year(s) in treatment and any treatment programs you have attended]:

Previous Psychiatric Hospitalizations [why were you hospitalized? how long did you stay? were you suicidal?]:

Alcohol Use [how much, how often, age when started drinking]:

Tobacco Use [age started, how often]:

Do you use any other substances [e.g., marijuana, cocaine, prescription drugs, etc.]:



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Medical History [list names and dates of any illnesses, surgeries, seizure activity or head injuries]:

Medication [list names, dose and frequency of any medications you are currently taking or have taken within the last year]:

Basic Personal Information:

Marital/Partner Status [include how many years together, previous marriages cohabitation, briefly describe relationship with your partner]:

Children [include names, ages, sex, briefly describe relationship with each child]:



Current Occupation [describe your profession and work life]:

Hobbies or Special Interests [describe what you like to do in your spare time]:

Family History:

Father:

Age: _____ **Occupation:** _____

Current residence? _____

If deceased, how old were you when your parent died? _____

Mother:

Age: _____ **Occupation:** _____

Current residence? _____

If parent is deceased, how old were you when parent died? _____

Siblings:

Name	Age	How do you get along?
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Place of Birth [where were you raised?]:

Family History of Psychiatric Illness or addiction? [briefly describe the problem]:

Religion/Spirituality [how were you raised? what do you currently practice? how important is religion/spirituality to you?]:

Exercise [list type and frequency]:

Legal Problems:
