INTAKE INFORMATION
For Ann Heyen, Ph.D, Clinical Psychologist

Name: Date:
Address: Date of Birth:
City: State: Zip: Age:
Gender/Pronouns:

Were you referred for treatment? Y ○ N ○ If so, by whom?

Contact Information

OK for Scheduling

Email Address: ○ Yes ○ No
Home phone#: ○ Yes ○ No
Cell phone#: ○ Yes ○ No
Is it okay to leave a text message or e-mail re scheduling? ○ Yes ○ No
Emergency Contact Person: Phone#:

Insurance Information

Primary Insurance Co: Phone#:
Insurance Co. Address: City/State/Zip:
ID#: Group#: Co-pay: Deductible:
Policyholder Name (If different from client): Relationship to you:
Policyholder Address:
Policyholder Date of Birth: Policyholder Phone#:
Policyholder's Place of Employment:

Secondary Insurance Co: Phone#:
Insurance Co. Address: City/State/Zip:
ID#: Group#: Co-pay: Deductible:
Policyholder Name (If different from client): Relationship to you:
Policyholder Address:
Policyholder Date of Birth: Policyholder Phone#:
Policyholder's Place of Employment:
Is it okay to contact the policy holder regarding insurance billing (if other than client)? Yes ○ No ○

Employment/Education

Current employer: Position:
○ Part time ○ Full time ○ Retired ○ Unemployed Degree/Vocation: Highest grade:
Are you currently in school? ○ Yes ○ No ○ Part time ○ Full time Area of study:

Relationship/Family Information

○ Never Married ○ Married (yrs) ○ Living together (yrs) ○ Separated (yrs)
○ (Divorced (yrs) ○ Widowed (yrs)

If I am unable to reach you, is it OK to contact your spouse/partner/family member?
Spouse/partner/family member's phone#:
Others living in the home including children (include names, ages, & relationship to you):

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Medical/Health

Physician's Name: Phone #:
Address: Fax #:
List any current health problems:

List current medications and dosage:

Spiritual/Religious

How important is your religious/spiritual commitment? ○ Very ○ Somewhat ○ Not Important

Legal Problems

Are you currently involved in criminal, custody, divorce, or other legal procedures? ○ Yes ○ No
If yes, please explain:

Are you court mandated to treatment? ○ Yes ○ No

Recreation/Interests

What do you enjoy doing for fun or relaxation?

Reasons For Treatment

What are the reasons for this visit?

How long have you had this problem?
What have you done to try to solve this problem?

On a scale from 1 to 10 (10 = worst, 1 = best), rate your current level of distress:

What do you hope to accomplish from treatment?

Do you have any concerns about treatment? Yes ○ No ○ If yes, please explain:

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Counseling History

Do you have a history of mental health treatment? Yes ○ No ○
If yes, provide dates, name of provider, and reason for treatment:

Have you ever been hospitalized for psychiatric reasons? Yes ○ No ○
If yes, explain:

Have you ever had thoughts, made statements, or attempted to hurt yourself? Yes ○ No ○
If yes, please explain:

Have you ever had thoughts, made statements, or attempted to hurt someone else? Yes ○ No ○

Have you recently been physically hurt or threatened by someone else? Yes ○ No ○
If yes, please explain:

Have you ever been treated for drug or alcohol abuse? Yes ○ No ○

If yes, please explain:

Has a family member or friend expressed concern about your substance use? Yes ○ No ○
If yes, please explain:

Have you ever had a DUI or been fired from a job for substance abuse? ○ Yes ○ No
If yes, please explain:

Other information you feel is relevant to your treatment: