

INTAKE FORM

Advantage Psychological Services

11500 West Olympic Blvd. Ste. 578
Los Angeles, CA 90064
Phone: 888-800-5761 / Fax: 818-530-7808

NAME _____ AGE _____ DATE OF BIRTH _____
ADDRESS _____ CITY/ZIP _____
SOC.SEC.# _____ DRIVER'S LIC.# _____
PRIMARY LANGUAGE _____ ETHNICITY _____
HOME TELEPHONE _____ CELL PHONE _____
BUSINESS PHONE _____ EMAIL _____
NAME OF EMPLOYER _____ OCCUPATION _____
BUSINESS ADDRESS _____ CITY/ZIP _____
EDUCATION/ DEGREE _____
MARITAL STATUS _____ NAME & AGE OF CHILDREN _____
CURRENT LIVING SITUATION _____

DESCRIBE ANY HEALTH PROBLEMS _____
MEDICATIONS YOU TAKE & DOSAGE _____
DOCTOR'S NAME AND PHONE NUMBER _____ (_____) _____

IN YOUR FAMILY, INCLUDING YOURSELF, WAS THERE:

ALCOHOLISM? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____
RESOLVED?: _____

SUBSTANCE ABUSE? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____
RESOLVED?: _____

MENTAL ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____
RESOLVED?: _____

SERIOUS ILLNESS? YES/NO FATHER / MOTHER / SIBLINGS / SELF HOW LONG? _____
RESOLVED?: _____

EMERGENCY CONTACT NAME/RELATIONSHIP _____

EMERGENCY CONTACT PHONE:(____) _____

IF THE CLIENT IS A MINOR, WHO IS THE LEGAL GUARDIAN? _____

HOW DID YOU HEAR ABOUT MY SERVICES? _____

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: _____ DATE: _____

LEGAL GUARDIAN : _____ DATE: _____