

INTAKE FORM

Advantage Psychological Services

2625 Townsgate Rd. Ste 330
Westlake Village, CA 91361
Phone: 424-279-4240 / 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: _____