

TraumaResource
Clinical & Forensic Psychology

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<h2>Background Intake Form</h2>

Today's date: _____

Note: If you have been a patient here before, please fill in only the information that has changed.

Your name: _____ Date of birth: _____ Age: _____

Your nicknames or aliases: _____

Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ Calls will be discreet, but please indicate any restrictions: _____

Email address: _____

B. Referral: How did you find my name or practice?

Google Search _____ Other Web Search _____ YellowPages.com _____

Keyword Search (circle any/all that apply): Cognitive Behavioral Therapy CBT Trauma Therapy

PTSD EMDR Exposure Therapy Hypnosis Psychologist Psychological testing

Forensic or Legal Psychodynamic Dissociation Dissociative Disorder

Other Keywords You Used or Other Way of Finding Me:

I was referred by: (person's name) _____

May I have your permission to thank this person for the referral? ___ Yes ___ No

How did this person explain how I might be of help to you?

C. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? ___ Yes ___ No

If Yes, please initial here: _____

D. I am ___ am not ___ currently employed (check one). If not currently employed, please indicate most recent place of employment below.

Employer: _____ Address: _____

Work phone: _____ Calls will be discreet, but please indicate any restriction

E. Your education and training

Dates		Schools	Special Classes?	Adjustment to school	Did you Graduate?
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

F. Employment and/or military experiences

Dates		Name of military or employers	Job title or duties	Reason for leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. Family Relationships

Relative	Age?	Living/Deceased?	Lives Where?	Quality of Your Relationship
(Step) Father				
(Step) Mother				
Brother(s)				
Sister(s)				

H. Marital/relationship history

	Spouse's Name/ Age At marriage	Your age at marriage	Your age when divorced/widowed	Are they remarried?
First	_____	_____	_____	_____
Second	_____	_____	_____	_____
Third	_____	_____	_____	_____

I. Significant nonmarital relationships

	Name of person	Person's age when started	Your age when started	Your age when ended	Reasons for ending
First	_____	_____	_____	_____	_____
Second	_____	_____	_____	_____	_____
Third	_____	_____	_____	_____	_____

J. Children (Indicate which are from a previous marriage or relationship with the letter P in the last column)

Name	Current age	Sex	School	Grade	Adjustment problems?	P?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

K. My greatest personal strength is

L. My greatest personal weakness is

M. My hope for coming to therapy or requesting an evaluation is

*This is a strictly confidential patient medical record.
 Redislosure or transfer is expressly prohibited by law.*