

## Intake Form

Please describe your reasons for seeking treatment at this time.

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General Information

Occupation \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

### Medical History

Current Medical Problems:

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Current Medications:

Medication allergies? \_\_\_\_\_

Is it possible that you could be pregnant? \_\_\_\_\_

### Past psychiatric history

Previous outpatient treatment –

Previous psychiatric hospitalizations –

Psychiatric medicines that you have tried in the past and reactions –

Current usage of alcohol (drinks per week) \_\_\_\_\_

Do you currently use any illegal drugs? (including marijuana, cocaine, prescription drugs that are not prescribed by physician)