



Infinity Psychological Services, PLLC

Candice Waltrip, Psy.D.
Licensed Psychologist

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Provo, UT 84604
(801) 613-1048

Client Intake Form

Client Name: _____ **Today's date:** _____

Date of Birth: _____ **Age:** _____ **Email:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **phone type:** Home Cell Work

Secondary Phone: _____ **phone type:** Home Cell Work

Occupation: _____ **Marital Status:** _____

If client is a minor, parent/guardian name(s):

Parent Address (if different than above):

Parent Phone (if different than above): _____

Emergency Contact:

Name: _____ **Phone:** _____

Relationship: _____

How did you learn about us?

Which of our therapists are you seeing Candice Waltrip Other

Briefly describe why you are here:

Please list any psychological conditions or diagnoses the client has previously been given by a doctor/psychologist/counselor:

<u>Condition</u>	<u>When diagnosed?</u>	<u>Still a problem?</u>	
(1) _____	_____	Yes	No
(2) _____	_____	Yes	No
(3) _____	_____	Yes	No

Please list any psychologists/therapists/psychiatrists client has seen in the last 10 years:

<u>Name</u>	<u>Approx dates</u>	<u>Reason</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Please list any medical conditions or diagnoses client has previously been given by a doctor:

<u>Condition</u>	<u>When diagnosed?</u>	<u>Still a problem?</u>	
(1) _____	_____	Yes	No
(2) _____	_____	Yes	No
(3) _____	_____	Yes	No

Please list any medical doctors client has seen in the last 10 years:

<u>Name</u>	<u>Approx dates</u>	<u>Reason/Specialty</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Please list any serious injuries client has ever sustained:

<u>Nature of injury</u>	<u>When occurred?</u>	<u>Still a problem?</u>	
(1) _____	_____	Yes	No
(2) _____	_____	Yes	No
(3) _____	_____	Yes	No

Please list any relevant medications client takes currently, or has taken in the last three years:

<u>Medication</u>	<u>Approx dates</u>	<u>Reason</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

Has the client have ever had a problem with drugs or alcohol? Yes No

If yes, please describe: _____

Has the client ever been involved with the legal system (arrested/probation/parole)? Yes No

If yes, please describe: _____

Does the client have a history of violence? Yes No

If yes, please explain when violent behavior was first observed and when the most recent episode was: _____

Is the client currently under the supervision of the Utah Department of Corrections/Adult Probation or Parole for a sexual offense? Yes No

If no, are any of the client's family members under the supervision of the Utah Department of Corrections/Adult Probation or Parole for a sexual offense? Yes No

Of note, if the client or any of the client's family members are currently under the supervision of the Utah Department of Corrections/Adult Probation or Parole for a sexual offense, there is a conflict of interest and the therapeutic relationship cannot continue.

Does the client have a history of suicide attempts? Yes No

If yes, please explain how many times client attempted, level of lethality, number of times hospitalized and most recent suicide attempt: _____

