Helping Children.
Educating Families.
Heidi Escoto, Psy.D, PLLC

Licensed Psychologist (4619)

Phone 919.534.5628
drescoto@att.net
www.drheidiescoto.com

ADULT INTAKE

Name: _____

Address: _____

Home Phone: _____ Email: _____

Date of Birth: _____ Current Age: _____

Work: _____

REFERRAL INFORMATION

I was referred by:

☐ Friend/Existing Patient ☐ My insurance company ☐ Website/Internet

☐ Professional: _____

PERSONAL INFORMATION

I am currently:

☐ **Single** ☐ **Separated** ☐ **Divorced** ☐ **Married**

Current Relationship History:

Spouse's Name: _____

Spouse's Employment: _____

Name/Age of Children: _____

_____

Current psychological symptoms/concerns:

☐ Depression ☐ Anxiety ☐ Relationships ☐ Work/School performance

☐ Stress ☐ Suicide ☐ Sexuality ☐ Anger/temper

☐ Loneliness ☐ Social ☐ Alcohol/Drugs ☐ Eating problems

☐ Irritability ☐ Grief ☐ Impulsiveness ☐ Obsessive/Compulsive

☐ Other: _____

Have you been diagnosed with a mental health disorder? Yes No

If yes: What? _____

When? _____

By who? _____

Have you received psychological services before? Yes No

If yes: When? _____

Where? _____

From who? _____

Why? _____

Was it a helpful experience? _____

Have you ever received medication for a mental health or substance abuse problem?

Yes (name of medication) _____ No

Were you ever admitted to an inpatient psychiatric or substance abuse treatment program?

Yes No

If yes: When? _____

Where? _____

Why? _____

Physician/practice by which you receive medical care:

Name: _____ Phone: _____

Address: _____

Current Medication(s), dosage, and reason: _____

Medical symptoms that currently trouble you:

☐ Headache ☐ Nausea ☐ Fatigue ☐ Breathing Difficulties ☐ Fainting

☐ Seizures ☐ Ulcers ☐ Back pain ☐ Problems sleeping ☐ Dizziness

☐ Weight Gain/Loss ☐ Sexual Problems ☐ Other: _____

FAMILY HISTORY

Is there a family history of any of the following?

☐ Alcoholism/Drug Abuse ☐ Depression ☐ Suicide ☐ Anxiety

☐ Obsessive/Compulsive ☐ Anger Problems ☐ Attention problems

☐ Impulsiveness ☐ Hyperactivity ☐ Learning Difficulties

☐ Bi-polar/Borderline ☐ Mania ☐ Suicide ☐ Physical/Sexual Abuse

☐ Other: _____