

# Pamela Vaughan MA, LLC

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## INTAKE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Degree or education obtained: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_

\_\_\_\_\_

Marital status: \_\_\_\_\_ Former/present marriage (s) years: \_\_\_\_\_

Current spouse name: \_\_\_\_\_

\_\_\_\_\_

Children/Step/Grand (names and ages) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents/step parents (ages or year of death) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Presenting problem: \_\_\_\_\_

Medical Dr's: \_\_\_\_\_ Ph#: \_\_\_\_\_

Past/present medical care (specify major problems, accidents, hospitalizations, current medication): \_\_\_\_\_

Past/present counseling/Psychotherapy/Mental Hospitals: \_\_\_\_\_

Past/present drug or alcohol use or abuse: \_\_\_\_\_

Attending any 12 step programs: \_\_\_\_\_

Family history of alcohol/drug abuse, mental illness, violence, suicide: \_\_\_\_\_

## **For the lighter side of things...**

Name 5 things you appreciate about yourself: \_\_\_\_\_

Thank you for filling out the Intake information to the best of your ability, this will help me begin to get to know you and will aid in jump-starting our therapeutic relationship.

Pam Vaughan