

Tricia K. Buttkus, LCSW

Intake Form – Adult

Name of Patient: _____

(First)

(Middle)

(Last)

Home Address: _____

Home Phone # (____) _____ - _____ Cell Phone# (____) _____ - _____

Date of Birth: ____/____/____ SS# ____ - ____ - _____

Employer's Address: _____

Work Phone: (____) _____ - _____ Position: _____ Years with Firm: ____

Insurance Company: _____ Group# _____

Insurance Co. Address: _____

Name of Spouse/Mate: _____

(First)

(Middle)

(Last)

Home Phone # (____) _____ - _____ Cell Phone# (____) _____ - _____

Date of Birth: ____/____/____ SS# ____ - ____ - _____

Spouse/Mate Address (if different from yours): _____

Spouse/Mate Employer's Address: _____

Work Phone: (____) _____ - _____ Position: _____ Years with Firm: ____

Their Insurance Company: _____ Group# _____

Insurance Co. Address: _____ Phone # _____

Intake Form – Adult

Page 2

Your Children

Full Name _____ Birthdate ____/____/____ Lives With ____

Full Name _____ Birthdate ____/____/____ Lives With ____

Full Name _____ Birthdate ____/____/____ Lives With ____

Person (other than parents) to Notify

in Case of Emergency: _____

Relationship To You: _____

Address: _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

Who Referred You Here? _____

Who Is Your Primary Physician? _____

Address and Phone # _____

Date of Last Visit? ____/____/____

Are You Currently Being Treated For Any Illness? Y/N

If yes, please describe: _____

Are you currently taking any medications? Y/N

If yes, list medications, dosage and reasons: _____

What symptoms are you currently having that have brought you to counseling? _____

Intake Form – Adult

Page 3

How long have you been experiencing these symptoms? _____

Have you had any previous psychological treatment or counseling? Y/N

With Whom? _____ When? _____

Address: _____

Phone # (____) _____ - _____

Person Legally Responsible for this account:

Name: _____

(First)

(Middle)

(Last)

Address: _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____

Cell # (____) _____ - _____