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Licensed Clinical Psychologist
Board Certified Professional Christian Counselor

INTAKE INFORMATION

Client's name (print) _____ Date _____

Address _____

City, State, Zip _____ Cell Phone _____

Age _____ Date of birth _____ Marital status _____ Home Phone _____

Email address _____

Education _____ Occupation _____

Place of employment _____ Length of employment _____

Work address _____ Work phone _____

Spouse/partner's name (or Parent, if minor) _____

Spouse's education _____ Occupation _____

Place of employment _____ Length of employment _____

Work address _____ Work phone _____

Immediate family members (those who live with you):	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently under the care of a physician or other health care practitioner? _____

If so, please state the reason _____

Physician's name, address and phone _____

Current medications and dosages _____

Date of last medical or physical examination _____ Condition _____

Past illnesses or surgeries _____

Have you ever consulted a counselor, therapist, psychologist or psychiatrist before now? _____

Please state when and for how long _____

What were your concerns at that time? _____

Prior counselor's name and address _____

Have you taken medication in the past for stress, anxiety, depression, a nervous condition, or any emotional or mental reason? _____ Names of medications and dosages _____

When did you take them and for how long? _____

Have you ever been hospitalized for a nervous or mental condition? _____ Please state when and for how long _____

Name and address of hospital _____

Church membership, religious affiliation and/or spiritual beliefs _____

What traumatic events or significant losses have occurred in your life? _____

Briefly state why you are seeking counseling at the present time _____

Who referred you or how did you find out about this service? _____

May our office send a thank-you card to the referring individual? _____

Signature _____