

R. Tyler Wilkinson, Ph.D., LPC, NCC, ACS

Intake Information Form

This information is requested to provide some basic information about you that can be valuable in counseling. This information, as all communications with your counselor, will be kept confidential in accordance with HIPAA Privacy and Security Laws.

Please fill out one form per person

Today's Date: _____

Contact Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Is it ok to leave a message at the number(s) provided? _____

Email: _____

What is your preferred method of contact: Cell phone Text message Home phone Email

NOTE: None of these methods is a completely secure form of communication. Please discuss any concerns regarding our communication with me in our session.

Please describe the main difficulty that has brought you to see me: _____

Insurance Information

Company: _____

Name of Policy Holder: _____

Policy Number: _____ Group ID: _____

Referral Information

How did you hear about me? _____

May I contact this person to thank them for the referral? No Yes

NOTE: No information can be revealed about you case without additional permission.

Have you ever received psychological, psychiatric, or counseling services before? No Yes. If yes, please indicate:

When: _____ Therapist's name _____

For What _____

Medical Information

Name of Primary Care Physician: _____

Phone: _____ Address: _____

Please list any physical problems you have that require medical or physical care _____

Please list all current medications you are using (Most medication has side effects that may have bearing on your case).
Name of medication Dosage (how much/when) Prescribed For

Employment

Employer: _____ Address: _____

Job Title: _____

Highest level of education: _____

Family Information

Relative	Name	Age	Education	Occupation
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Spouse/Partner: _____

Father: _____

Mother: _____

Stepfather: _____

Stepmother: _____

Brother(s): _____

Sister(s): _____

Children	Name	Age	Sex	School Grade	Living With You?
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Previous marital relationship history:

Length of previous marriage(s)? _____

Date(s) of Divorce? _____

Other

Are you currently under legal investigation, have any legal matters pending, or been arrested recently? If so please explain (include date and reason for arrest). _____

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of these forms? Please list here _____

Emergency Information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____

Address _____ Relation to you: _____