

PATIENT INTAKE INFORMATION

Name: _____
(first) (middle) (last)

Date of Birth (mm/dd/yyyy): _____

Address (including city, state, and Zip): _____

Gender: _____

Relationship Status: _____ Employment/Grade: _____

PCP: _____ PCP Contact #: _____

Do you provide consent for Carri Riemer, LMSW to communicate with and/or release information to

your listed PCP? ☐ Yes ☐ No Signature _____ Date _____

Email Address (if desired): _____

Cell Phone: _____ (circle: voicemails and texts- yes or no)

Work Phone: _____ (circle: No messages/ Voicemail ok)

Emergency Contact _____ Relationship _____
Number _____

I have received the HIPAA agreement and have reviewed confidentiality with Carri Riemer, LMSW

(Date)

(Name or Name of guardian – if under 18) (Date)

BACKGROUND INFORMATION AND PERSONAL HISTORY

Family Background:

Please complete the chart below, listing all immediate/relevant family (you may add lines where necessary). Please place a star next to the individuals who currently live with you.

<i>Relationship</i>	<i>Name</i>	<i>Age</i>	<i>Occupation</i>
Parent (M / F)			
Parent (M / F)			
Sibling (M / F)			
Sibling (M / F)			
Child (M / F)			
Partner (M / F)			

Psychological History:

What brought you to reach out at this time?

When did you first begin to struggle with the above noted concern?

Have you previously been in counseling or psychotherapy? ☐ Yes ☐ No
If yes, please elaborate below:

<i>Provider</i>	<i>Level of Care</i> <i>(inpatient, residential, outpatient)</i>	<i>Month/Year</i>

Do you have a psychiatrist who you are currently seeing? ☐ Yes ☐ No
If yes, please indicate their name and contact information. _____

Have you ever been hospitalized for psychological reasons? ☐ Yes ☐ No
If yes, please note when and for what reason(s). _____

Have you ever engaged in any form of self harm? ☐ Yes ☐ No

Have you ever struggled with any thoughts of suicide? ☐ Yes ☐ No

Has anyone in your family (parents, grandparents, aunts/uncles, cousins, siblings, children) been diagnosed and/or treated for ANY psychological conditions?

☐ Yes ☐ No

If yes, please elaborate below

<i>Family Member</i>	<i>Maternal/Paternal Side</i>	<i>Diagnoses</i>
1.		
2.		
3.		
4.		

Has anyone in your family either attempted or committed suicide?
If yes, please elaborate:

Educational Background:

What is the highest school degree you have earned / grade completed? _____

Are you in school now? ☐ Yes ☐ No

Have you ever had an IEP or 504 Plan?

☐ Yes ☐ No

If yes, please specify: _____

Have you ever taken a leave from school (voluntary or involuntary)? ☐ Yes ☐ No

Medical History:

Please list all the medication that you are currently taking, including the dosage.

Have you ever had:

A concussion or head injury resulting in loss of consciousness? ☐ Yes ☐ No

Have you ever fainted or had a seizure? ☐ Yes ☐ No

Do you have any allergies (medication or food)? ☐ Yes ☐ No

If yes, please specify: _____

Have you ever had major surgery? ☐ Yes ☐ No

Do you currently use any legal or illegal substances recreationally? ☐ Yes ☐ No

Please list any other medical conditions, diagnoses, or concerns:

Additional Information:

Place of birth: _____

Were there any complications during your pregnancy? ☐ Yes ☐ No

Were there any complications at the time of your birth? ☐ Yes ☐ No

Were all developmental milestones (e.g., crawling, walking, speaking) met on time?
☐ Yes ☐ No

Were you ever adopted or separated from your birth parents? ☐ Yes ☐ No

Have you experienced a significant loss in your life? ☐ Yes ☐ No

Have you experienced physical, emotional, or sexual trauma or abuse? ☐ Yes ☐ No

Do you own or have access to firearms? ☐ Yes ☐ No

Were/are your parents divorced? ☐ Yes ☐ No

Has your family ever had any involvement with Child Protective Services? ☐ Yes ☐ No

Is there any other information that you feel would be beneficial to include at this time? If so, please describe below (or attach on additional pages):

I have completed these forms accurately and have provided all the information requested to the best of my knowledge.

Name (if under 18, Name of Parent/Guardian)

Date