Anne Drake, LCSW
COUNSELING AND PLAY THERAPY

Welcome! Please answer each question with as much information as possible before your first appointment. All information is strictly confidential and beneficial in providing the best possible services. Feel free to ask for assistance or clarification if needed and include any additional information you feel may be helpful or important.
Date of Intake: _____

Client Registration and Intake Information

Name: _____

Date of Birth: _____ Age at time of Intake: _____

Cell Phone: _____ Email address: _____

Home Address: _____

City: _____ Zip: _____

Insurance Information

Insurance Provider: _____

Address/phone: _____ City: _____ Zip: _____

Group number: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Birthdate: _____

Effective Date: _____

*Please provide a copy of the front and back of your insurance card.

Intake Information

Have you ever previously received counseling services? Yes No

* If yes, please complete *Release of Information* page.

Name of Counselor: _____

Current Diagnosis (if any): _____

Age/Date of Diagnosis: _____

Please describe any previous mental health treatment you have experienced, including approximate date(s), with whom, and reason for treatment. Please include any hospitalization for psychiatric reasons.

Are there any medications or supplements that you take? Please list names, dosages, reason for taking, and who prescribes it to you.

Do you have any physical issues or ailments that I should be aware of? Please describe symptoms, duration, frequency.

Do you have a history of substance abuse? Please describe.

Please describe your reason for seeking counseling currently. Please include your goals for treatment.

_____
Printed Name

_____ _____
Signature of parent/guardian Date