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ADOLESCENT INTAKE INFORMATION FORM

Name of Person Completing this Form & Relationship to Client _____
(Throughout this form, "you" refers to the client.)

General Information

Name of Client: _____ Today's Date _____

Street _____
Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____ Social Security No. (if known): _____

School: _____ Current grade: _____

Employment (if applicable) _____ Position _____

Who referred you to me? _____

Psychotherapy:

Briefly describe your reason for seeking help: _____

Did someone else say you had to come? Yes No Who? _____

Why? _____

Have you ever received psychiatric treatment or counseling of any kind before? Yes No
If you have, please explain: _____

What do you want to accomplish by coming here? _____

Medical:

When were you last examined by a physician? _____

Name of Primary-Care Physician: _____ Phone: _____

Do you see any other doctors? (Specialists? Other?) _____

Please list any major health problems or allergies you have: _____

Please list any medications you are currently taking: (include dosages) _____

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Parents or Guardian:

Mother: _____ *DOB* _____ *SSN:* _____

Address (street, city, state, zip): _____

Home Phone: _____ *Work phone:* _____ *Cell Phone* _____

Employer: _____ *Position* _____

Father: _____ *DOB* _____ *SSN* _____

Address _____

Home Phone: _____ *Work* _____ *Cell* _____

Employer _____ *Position* _____

Who has legal custody? _____ *With whom do you live?* _____

If another person has or shares legal custody, I need the following information in order to obtain consent for treatment:

<i>Name</i>	<i>Street Address</i>	<i>City/State/Zip Code</i>	<i>Phone</i>
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Family: *Please list any and all household members besides your parents:*

<i>Name:</i>	<i>Age</i>	<i>Occupation/Grade</i>	<i>Relationship to you</i>
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Emergency Contact:

Please give the name of a person whom I am permitted to contact in case of emergency only:

Name: _____ *Relationship to you:* _____

Home Phone: _____ *Work Phone:* _____ *Cell Phone* _____

PLEASE CONTINUE TO THE INFORMED CONSENT AGREEMENT