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INTAKE INFORMATION FORM

**General Information**

Name of Client: \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Marital status:    single                    married                    divorced                    widowed  
living together

**Employment:**

Company/Firm: \_\_\_\_\_ Position: \_\_\_\_\_

**Education:** Highest grade or degree achieved: \_\_\_\_\_

School: \_\_\_\_\_

If still in school, current grade/year \_\_\_\_\_

**Psychotherapy:**

Briefly describe your reason for seeking help: \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Have you ever received psychiatric treatment or counseling of any kind before?

Yes/No If you have, please explain: \_\_\_\_\_

**Medical:**

Who is your primary-care physician (PCP)? \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any major health problems or allergies \_\_\_\_\_

Is your PCP aware of these problems? \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

Date of last medical examination by a physician? \_\_\_\_\_

Are you in the care of a specialist for a medical condition? Yes                    No If  
yes, who? \_\_\_\_\_

**Family:**

Spouse/Partner:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

(Over)

Others living with you:

_____	Age _____	Occupation: _____
_____	Age _____	Occupation: _____
_____	Age _____	Occupation: _____
_____	Age _____	Occupation: _____
_____	Age _____	Occupation: _____
_____	Age _____	Occupation: _____

**Person responsible for payment:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
Address (street, city, state, zip): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_

**Contact Information:**

May I call you at home?	Yes	No	(circle one)
May I email you?	Yes	No	(circle one)
May I leave a message at home?	Yes	No	(circle one)
May I call you at work?	Yes	No	(circle one)
May I leave a message at work?	Yes	No	(circle one)

**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 \_\_\_\_\_

PLEASE CONTINUE TO THE OUTPATIENT SERVICES CONTRACT