

**Allison B. Harrington, Psy.D.**

Licensed Clinical Psychologist

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**Confidential Intake Information**

Please Print Document and Complete Legibly.

**General Information**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

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

Home/Cell:(\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Please check which communication methods are acceptable for the therapist to identify herself when contacting you:

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

**Medical Information**

Date of last physical: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any significant health issues/illnesses: \_\_\_\_\_

Primary physician's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Are you currently taking any medications? Yes/No

If yes, what medications and how long have you been taking them? \_\_\_\_\_

**Personal Information**

Main reason(s) for coming to therapy today? \_\_\_\_\_

Have you ever received therapy before today? Yes/No

If yes, what were the reasons for the previous counseling? \_\_\_\_\_

I have filled out the above information to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_