INTAKE FORM

Please provide the following information. Please note: information you provide here is protected as confidential information.

Name: _____

Name of parent/guardian (if under 18 years):

_____

Birth Date: _____ /_____ /_____ Age: _____ Gender: _____

Address:

_____

_____

Phone:_____

May I leave a message? □ Yes □ No

E-mail: _____ May I email you? □ Yes □ No *Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? □ No □ Yes, previous therapist/practitioner:

_____

Are you currently taking any prescription medication? □ Yes □ No

_____

Have you ever been prescribed psychiatric medication? □ Yes □ No

_____

Jennifer Campoy, Licensed Clinical Social Worker
License #23900
2904 Rowena Avenue, Los Angeles, CA 90039
626-808-4420