

INTAKE INFORMATION
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Your cooperation in completing this form will facilitate planning services for you. This information is treated confidentially.

NAME: _____ TODAY'S DATE _____

ADDRESS _____ DAYTIME PHONE _____

_____ EVENING PHONE _____

EMAIL _____

AGE _____ BIRTHDATE _____ EDUCATION _____

OCCUPATION _____ EMPLOYER _____

Please describe your reason for seeking help: _____

How long has this been troubling you?: _____

Who suggested you contact me? _____

Describe any current health problems _____

Your Physician(s) _____ Date of last physical _____

List any medications you are now taking _____

Describe any PAST major health problems and treatment _____

List previous psychological treatment _____

Have you ever had any problems involving alcohol or drugs? _____

Please list the members in your present household.

Name	Age	Relationship	Education	Health	Occupation

Family History

Mother's age: _____ If deceased, how old were you when she died?: _____

Father's age: _____ If deceased, how old were you when he died?: _____

If your parents are separated or divorced, how old were you then?: _____

Number of brother(s) _____ Their ages _____

Number of sister(s) _____ Their ages _____

I was child number _____ in a family of _____ children.

Were you adopted or raised with parents other than your natural parents?: Yes ___ No ___

Briefly describe your relationship with your parents? _____

Briefly describe your relationship with your brothers and/or sisters: _____