

MARIO PRIETTO PhD L.C.S.W.
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PATIENT INTAKE SHEET, *in your own words*

Date: _____

Name: _____

D.O.B. & Age: _____ Astrological sign (optional) _____

S.S.N. (optional) _____

Address : _____

Home Phone: _____

Cel Phone: _____ EMAIL _____

Reason for seeking treatment now / Hopes for psychotherapy experience:

Past experience with psychotherapy, counseling, or healing work:-

Referred by: _____ Do I have permission to acknowledge the referral?

General health history and relevant health status:

Last physical exam, Doctor visit, with reasons and results:

How much do you use Caffeine, Nicotine, Alcohol, Marijuana, Cocaine, and recreational drugs?

Daily? Every other day? Weekly? Monthly? Do you Binge?

Indicate which ones are significant and how often.

If you are taking any psychotropic meds, please list names and dosage info.

Psychotherapy can be more effective when patients are engaged in some form of physical exercise or expressive art form, like dance. How is your body engaged?

Please share if you have a spiritual practice or significant history with religious practice:

Employment / Main Activity Information:

Occupation: _____ Employer: _____

Address/phone for your work (optional): _____

Can I call you at work? _____ If yes, let me know special instructions.

Other household members / children / significant friends / place:

Name:	Age (if relevant):	Relationship / Place
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Emergency Contact :

Name: _____

Relationship: _____

Telephone #: _____

Client's Signature

Feel free to add whatever you would like here, or on the back of the page, anything you feel I should know that I have not asked about on this form. ☺