

EVA VAN PROOYEN

MARRIAGE & FAMILY THERAPIST

Individual Intake

Date:

Referred By:

PERSONAL HISTORY

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Best Phone Number: _____

Message Okay?
 Yes No

Employer _____

Occupation _____

Emergency Contact _____

Phone Number _____

FAMILY HISTORY

Marital Status
 Single Married (How many times?) _____

Spouse's Name: _____

Separated Divorced (How many times?) _____

Date of Separation or Divorce: _____

Living Situation: Roommate. Significant Other. Alone. Etc.

Children's Names/Ages: _____

Sibling's Names/Ages: _____

Parent's Names/Ages: _____

MEDICAL HISTORY

Personal Physician:

Psychiatrist:

Current Medications and Dosages:

Results Of Last Medical Exam:

Date of Exam:

Current Non Prescription Drug Use:

Frequency:

Is there a history of drug or alcohol abuse or dependence for you or your family? Yes No

Have you been in psychotherapy before?

Dates:

What brings you to therapy now?

What else would you like me to know?

What would you like to achieve from therapy?

