

Psychology & Counseling
7501 NW 4th Street
Suite 215
Plantation, FL 33317

STEVEN N GOLD, PhD
JAMES B CAMPBELL, PsyD
JENNIFER DAVIDTZ, PhD

JONATHAN L COHEN, PsyD
AMY E ELLIS, PhD

INTAKE INFORMATION

Client Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Ok to leave a message? Yes / No

Home Phone _____ Ok to leave a message? Yes / No

Work Phone _____ Ok to leave a message? Yes / No

Email Address _____

Insurance Company _____ Phone Number _____

Client's Name to be Billed on Claim Form _____

Client's Date of Birth _____ Client's Age _____

Insured's Name _____ Date of Birth _____

Insured's Social Security Number _____

Name of Person Responsible for Payment or for any Balance Unpaid by Insurance Company:

Please Provide a Copy of Insurance Card

Person to be Contacted in Case of an Emergency:

Name _____

Address _____

Phone _____

Relationship to Client _____

Marital Status (please check)

Married Separated Divorced Single Remarried Widowed

Highest Level of Education Completed _____

Occupation _____

Spouse's Occupation _____

Employment Status (please check)

Full Time Part Time Homemaker Retired Student

Disabled Other (please specify): _____

Members of Immediate Family

Name	Relationship	Age	Lives in Same Household?
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

Reason for this Consultation _____

History of the Problem _____

Current / Previous Psychological / Psychiatric Treatment:

Treated By	Reason	Start / End Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who referred you to our practice? _____

May we thank the referral source? Yes / No (If yes, please initial here): _____

I hereby consent to and authorize Dr. _____ to provide services which s/he may consider necessary or advisable for the assessment and treatment of the undersigned consumer of this practice.

I understand that this authorization may be amended and revised by me in writing at any time upon notification.

Consumer Signature

Date

Signature of Parent or Guardian

Date