Intake Form

Please provide the following information and answer the questions below. Please note: Information you provide here is protected as confidential information.

Patient's name: _____ Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ May we leave a message? ☐ Yes ☐ No

Parent's Email: _____ Child's Email: _____

May I email or text regarding appointments or educational resources* ☐ Yes ☐ No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Mother's name: _____ Age: _____ Occupation: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's name: _____ Age: _____ Occupation: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents' marital status: ☐ Married ☐ Separated ☐ Divorced

Who does child live with (List parents, step parent, siblings, significant others, extended family: _____

_____

Name of Child's School: _____ Name of Teacher or Counselor: _____

School Address: _____ City: _____ State: _____ Zip: _____

School Phone Number: _____

I give permission for Dr. Cynthia Woelfel to contact my child's school and to release information regarding diagnosis, evaluation results and/or treatment provided. I authorize _____ school to release educational and behavioral information regarding my child _____

Signature: _____ *Date:* _____

Name of Physician: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

I give permission for Dr. Cynthia Woelfel to contact my child's physician to release information regarding diagnosis, evaluation results and/or treatment provided. I authorize my child's physician _____ to release medical records regarding my child _____.

Signature: _____ *Date:* _____

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.)

	Please Check	List Family Member
Alcohol/ Substance Abuse	☐Yes ☐No	
Anxiety	☐Yes ☐No	
ADHD	☐Yes ☐No	
Bipolar Disorder	☐Yes ☐No	
Depression	☐Yes ☐No	
Domestic Violence	☐Yes ☐No	
Eating Disorders	☐Yes ☐No	
Learning Problems	☐Yes ☐No	
Obesity	☐Yes ☐No	
Obsessive Compulsive Disorder	☐Yes ☐No	
Schizophrenia	☐Yes ☐No	
Sexual Abuse	☐Yes ☐No	
Suicide Attempts	☐Yes ☐No	