

Bonnie Hirschhorn LCSW, LCAT, ATR-BC, LP, NCPsyA

INTAKE FORM

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

Date: _____

Insurance name and individual ID#

Insurance group # _____

Name: _____

(Last) (First) (Middle Initial)

Birth Date: ____ / ____ / ____ Age: _____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children/age:

Address:

(Street and Number)

(City) (State) (Zip)

Home Phone:

Cell/Other Phone:

May I leave a message? Yes No May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

Referred by (if any):

Bonnie Hirschhorn LCSW, LCAT, ATR-BC, LP, NCPsyA

INTAKE FORM

Are you currently taking any prescription medication?

Yes No

Please list:

Family of Origin:

Parents: Stayed together? yes ____ no ____

If no, at what age were you when they separated? _____

Do you have siblings? yes ____ no ____

If yes how many? _____ What age(s) _____

Briefly describe what significant life changes you have experienced?

What do you consider to be some of your strengths?

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What would you like to accomplish from your time in therapy?

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