

Behavioral Health Enhancement Services

16055 Ventura Blvd. #717

Encino, CA 91436

(818) 501-5375

INTAKE FORM

Date _____

Last Name _____ First Name _____

Address _____ City _____ ZIP Code _____

Telephone: Home () _____ Cell () _____

Which number should we call you at: Home _____ Cell _____

Email address _____

Date of birth _____ Age _____ Gender identification: Male _____ Female _____

Ethnicity (Optional) _____

Marital status: Married _____ Separated _____ Divorced _____ Never Married _____

Are you employed? Yes _____ If yes, position _____ No _____

List any medical problem(s) for which you are currently receiving treatment.

List any medications you are presently taking.

Family physician name: _____ Phone: _____

Current problem(s) for which you are seeking psychological counseling.

Have you ever received psychological counseling before? Yes _____ No _____

If yes, when and where? _____

How did you hear about our services? _____

Emergency contact: Name _____

Phone number _____