

Intake Information

Welcome to the Private Practice of Stephanie Roberts LPC, CACIII. In order for me to better serve you, I will need some information. Please complete the following form to the best of your ability. Thank You!

Today's Date:

Full Name:

Current Address with zip code:

Date of Birth:

Current Phone:

Referral Source:

Emergency name and contact phone number (must provide):

Have you seen a therapist before? If so, please provide name and dates:

Any prior mental health diagnosis(s)?

Are you currently taking any prescribed medications? Please list:

Do you have a Psychiatrist? If yes, please provide name and contact information

Any prior inpatient Psychiatric Hospitalizations? If so, please provide dates and reason for placement:

Have you ever had a suicide attempt, If so when?

Drug or Alcohol Abuse? If yes, please describe the usage and drug of choice

Any prior Rehab or treatment centers for addictions? If so, Please provide name of facility and date(s) attended:

Current Family information (married, children?):

Are your parents married? If divorced, separated or never married, please identify:

Do you have any siblings? Please describe ages and birth order:

Do you currently live alone or with others? Please describe:

Do you have any current legal issues?

Please tell me why you are seeking treatment at this time and your goals: