

**SANTORO PSYCHOLOGICAL SERVICES
ADULT CASE INTAKE**

CONFIDENTIAL

Today's Date: _____

Name: _____ Date of Birth: _____

Physician: _____

Referred By: _____

Occupation: _____

Spouse's Name: _____

Spouse's Occupation: _____

Insured's Name: _____ Date of Birth: _____

Address: _____

Email: _____

Phone: H- _____ W- _____ C- _____

Other Family Members:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Briefly describe the reason for today's visit: _____

How long have you been aware of the problem? _____

Has any member of your family ever been seen by a psychiatrist, psychologist, or other counselor? If so, when and for what reason? _____

Whom may we contact in case of an emergency? _____