

NEW PATIENT INTAKE FORM - MINOR

NAME:

Date of Birth:

Gender:

Parents/Guardians (Name and Relationship)::

Address and Living Situation:

Phone number:

Is it ok to leave a message?

E mail:

Is it ok to leave an e mail?

Primary care physician:

Psychiatrist:

Emergency Contact Name, Number and Relationship to patient:

Current medications:

Current Diagnosis (if any):

Allergies:

Prior Counseling History:

Medical issues:

Presenting Problems:

Medical:

Emotional:

Stressors:

Communication:

Learning:

Independence:

Executive Functioning( ability to plan, organize, control impulses):

Decision Making Skills:

Therapy Goals:

How did you find out about Joann Castiglia Whitmore, LLC?

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment is accepted before each session by cash, check or Venmo ( @Joann-Whitmore-1)

Patient initials\_\_\_\_\_

