



377 Keahole St. E211-d, Honolulu, HI 96825 (808)343-0093

INTAKE FORM

Please provide the following information and answer the questions below. You may fill out this form and bring it to your first session, or you may complete it at the first session.

Name _____

Name of parent/guardian (if under 18 years): _____

Birth Date: _____

Age: _____

Relationship Status: _____ Single _____ Domestic Partnership _____ Married _____ Separated
_____ Divorced _____ Widowed

Address: _____

Home Phone: _____ May we leave a message? _____ Yes _____ No

Cell/Other Phone: _____ May we leave a message? _____ Yes
_____ No

E-mail: _____ May we email you? _____
_____ Yes
_____ No *Please note: Email correspondence is not considered to be a confidential

medium of communication.

Referred by (if any): _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? _____ No _____ Yes

Previous therapist/practitioner: _____

Emergency Contact:

Name: _____ Telephone: _____

Are you currently taking any prescription medication? _____ Yes _____ No

If yes, please list:

Have you ever been prescribed psychiatric medication? _____ Yes _____ No

If yes, Please list and provide dates: