

INTAKE FORMS FOR JAN RAKOFF, LCSW

Please provide the following information and answer the questions below. Please note:

Information you provide here is protected as confidential information.

Name:

(Last) (First) (Middle Initial)

Birth Date: _____ / _____ / _____ Age: _____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married Separated

Divorced Widowed

Please list any children/age:

Address: (Street number and zipcode)

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

Cell: _____ May I leave a message? Yes No

E-mail: _____

Referred by (if any):

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? If yes, previous therapist:

Are you currently taking any prescription medication?

Please list:

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? (please circle) Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

3. Are you currently experiencing overwhelming sadness, grief or depression?

4. Are you currently experiencing anxiety, panic attacks or have any phobias?

5. Are you currently experiencing any chronic pain?

6. How often do you drink alcohol?

7. How often do you engage recreational drug use? Daily Weekly Monthly Infrequently Never

8. Are you currently in a romantic relationship? No Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

9. What significant life changes or stressful events have you experienced recently:

10. Are you currently employed? No Yes If yes, name of your employer:

CONSENT TO TREATMENT

1. Sessions are 50 minutes in length for Individuals and 60 minutes for Couples. Every attempt will be made to schedule appointments at mutually convenient times.
2. All communications between us are strictly Confidential unless
 - A. You authorize a Release of Information with a Signature
 - B. I am subpoenaed by the court with a judge signature
 - C. Child or Elder Abuse is suspected- I am required by law to inform authorities
3. I will pay for all appointments not cancelled within 24 hours (medical emergency ok)
4. I agree to participate in therapy with Jan Rakoff and have read and understand the above information

Signature _____ Date _____