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Patient Intake

General:

Name _____ Date _____
Address _____ Home phone _____
Work phone _____ Cell _____
E-mail _____ Referred by _____
Age _____ Date of birth _____
Marital status _____ Educational level _____
Occupation _____ Names and ages of children _____

Emergency contact information _____

Explanation of how you wish to be contacted:

My therapist may call me at my: ___home phone number, ___cell phone number,
___work number.

My therapist may contact me at my: ___home address, ___work address.

___My therapist may communicate with my by email. Email is not a secure form of communication. Email should only be used for non-urgent communication. If there is a serious / urgent request /emergency, please call (408) 371 4847 or see the therapist face to face.

My therapist may send a fax to me and my fax number is: _____

Financial Information:

How do you intend to pay for treatment? (cash, check, charge) _____

For credit card billing, please provide:

___ Visa ___ MasterCard ___ DiscoverCard

Name on card _____

Card # _____ - _____ - _____ - _____

Exp. Date: _____ CVV (3 number code on back of card) _____

Zip code for billing address of card: _____

Permission to bill credit card:

Signature _____ Date _____

Areas of Concern

What issues/concerns causes you to seek treatment? Please describe. _____

Do you have any specific goals with regard to your treatment _____

Do you have any particular concerns/fears with regard to treatment?

Psychological History

Authorization for release of confidential information will be needed if any former /current therapist, any tester, any health professional listed below may be contacted. Have you ever received mental health treatment before? _____ When and for how long? _____

What was the focus of treatment? _____

Name of treating therapist(s), address(es), telephone number(s)

Have you ever taken one or more psychological tests?

If so, by whom? _____

Name of person(s) administered psychological tests, address(es), telephone number(s)

Have you ever been hospitalized for mental or emotional problems? _____

When and for how long? _____

Why were you hospitalized? _____

Name of treating therapist, address, telephone number _____

Are you currently taking any prescription medications? _____

Prescribed by whom? _____

How long have you been on the medications? _____

Have you ever taken any medications for a mental or emotional condition? _____

When and for how long? _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt.

Are you currently having any suicidal thoughts? Please describe _____

Please describe your childhood _____

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

Have you ever been a victim of a violent crime? Please describe _____

Medical History

Have you ever been diagnosed with a serious illness? Please describe _____

Do you have any medical conditions that may affect your mental health treatment? _____

Please describe your overall health today. _____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. _____

Have you ever been in a 12-step program? Please describe: _____

Do you smoke? _____ How much? _____ For how long? _____

Do you drink alcohol? _____

On average, how much alcohol do you consume in a week? _____

Do you currently use illegal drugs? Please describe your use: _____

Have you ever used illegal drugs? Please describe. _____

Family of Origin History

Mother's name, age, living/deceased, patient's age at the time of mother's death, description of relationship with mother. _____

Father's name, age, living/deceased, patient's age at the time of father's death, description of relationship with father. _____

Names and ages of siblings. _____

Other Information

Please describe your spiritual identity/orientation. _____

Please describe your interests/hobbies _____

Are you now or have you ever been involved in a lawsuit? _____

Please describe. _____

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested. _____
