

INTAKE HISTORY

Date: ___/___/___

Patient Name _____
(Last) (First) (Middle)

Address _____ Phone _____

City/State/Zipcode _____

Referred By _____ Relation to Patient _____

Date of Birth _____ Birthplace _____ Year Coming to Atlanta _____

EDUCATION

High School ___ Some College ___ Associates ___ Bachelors ___ Masters ___ Post-Graduate
Education/Degree ___ Other ___ Please Explain _____

High School Attended _____ College or University Attended _____

WORK HISTORY

Employer _____ City/State _____

Circle one: Full-Time Part-Time Years Employed _____ Salary _____

Previous Employer _____ City/State _____

Years Employed _____ Reason for Leaving _____

MILITARY SERVICE

None ___ Branch _____ Rank _____ Length of Service (years) _____

Discharge Type/Date _____ Compensation _____

COURT RECORD

Arrests _____ Time Served _____

Tickets/Violations/Fines _____

Lawsuits/Civil Action _____

MARITAL STATUS

Present Status _____ How Long _____ Spouse Age _____ Employment History:

Currently employed? ___ Where _____ How Long (years) _____

Salary _____ Education _____ Past Employment _____

Child(ren)/Gender/Age _____

Step and/or Adopted Child(ren)/Gender/Age _____

FAMILY HISTORY

MOTHER: Living ___ Deceased ___ If Deceased: Year ___ Cause of Death _____

If Living: Age ___ Location _____ With Whom _____

Employed? ___ Where _____ Past Employment _____

FATHER: Living ___ Deceased ___ If Deceased: Year ___ Cause of Death _____

If Living: Age ___ Location _____ With Whom _____

Employed? ___ Where? _____ Past Employment _____

Siblings/Gender/Age _____
