pep
Holistic Psychiatry & Wellness

circle all that apply:	Psych Eval Med Management Second Opinion Standard Treatment Functional Medicine		
Date			
Patient Name			
NAME of person completeing this intake, **relationship to patient**			
Patient Date of Birth			
Patient Gender, Height and Weight			
Email Address			
Home Address:			
Home: What is the best number to reach you?	Work: Ok to contact at work? Y N	Cell: What is the best number to reach you?	
Are you: **married single separated divorced widowed**?		Spouse's Name:	
FOR MINOR CHILD ONLY If you are the parent, and child is 18 or older, the individual needs to call in directly to express their interest in treatment. If request is for a minor child, the first appointment is with the parents only, NOT including the child.			
If separated or divorced, what is the custody status of the child?	Full Primary	Joint Partial	
We ask both parents to be involved for the 1st appt, will that be a problem?		YES NO	
If separated or divorced, is there any problem for your spouse/ex to be at the first visit?	YES NO	Additional Notes	

Diagnosis; when & by whom (give detailed information on how symptoms effect your day)		
Is there known family history?		
List all medication you are currently taking:		
Doctors / Other Professionals Family physician? Counselor?		
Have you ever been **hospitalized** for any **psychiatric reasons**?		YES NO
If yes, give details: *what hospital, when were you admitted, how long was your stay*		
Have you ever been treated for, or have **substance abuse** or **alcohol issues**?		YES NO
If yes, give details:		
Have you had any **psychological testing** (also educational testing if a minor)?		YES NO
>> If yes, please forward records <<		
Are you affiliated with any **agencies**? Children & Youth, probation, court orders, disputes, custody hearings?		YES NO
If yes, give details:		
Were you referred to us by someone?	YES NO	If yes, name and location of referrer:
Here's our process: Your request and information will go to Dr. Andrews. Dr. Andrews will review your information thoroughly. If what is going on for you falls within Dr. Andrews' expertise, and everything is confirmed and approved, we will call you back to set up your first appointment(s). It could be a week or more before you hear back from us.		
Do you have any questions for us?		