

**Janeen Smith MFT, LPCC**  
**3882 – 24<sup>th</sup> St.**  
**San Francisco, CA 94114**  
**415-263-6783**

**INTAKE INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

Past Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**MENTAL HEALTH AND SUBSTANCE USE HISTORY**

Psychiatrist/Other: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Past or Present Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Past/Present Counseling/Psychotherapy**

1. Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

2. Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Psychiatric Hospitalizations: \_\_\_\_\_  
(Dates and Reason)

Alcohol and Drugs currently used and frequency: \_\_\_\_\_

Are you or anyone close to you concerned about your alcohol or drug use? \_\_\_\_\_

**FAMILY HISTORY**

Relationship Status: \_\_\_\_\_ Partner Name: \_\_\_\_\_

Children/Stepchildren/Grandchildren: \_\_\_\_\_

Parents: \_\_\_\_\_ Siblings: \_\_\_\_\_

Past or Present Alcohol or Drug Use/Abuse (how much/how often): \_\_\_\_\_

Family History of Addiction, Mental Illness, Violence, or Suicide: \_\_\_\_\_

**IF CLIENT IS MINOR, (please complete)**

Legal Guardian (s): \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

If Separation or Divorce in family, what is custody agreement? \_\_\_\_\_

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**RELEASES RECEIVED (to be filled out by therapist)**

- Insurance
- School
- Primary Care Physician
- Psychiatrist
- Therapist
- Other