

Shuck & Associates, PLLC

NEW CLIENT INTAKE

Please fill out the following information, **bolded** is required:

Name: _____ **Date of Birth:** _____

Occupation: _____ Employer: _____

Relationship Status: _____ Name of Partner(s): _____

Address: _____ **City:** _____ **Zip:** _____

Phone: Home _____ () please check if your preferred method of contact

Cell _____ () please check if your preferred method of contact

Work _____ () please check if your preferred method of contact

May I leave a message on your voicemail? Y N

Emergency Contact (Name, Relation, Phone #): _____

Email: _____ () please check if your preferred method of contact

How did you hear about me? _____

If someone referred you to me, may I thank them? Y N Name: _____

How would you like to pay for session fees? (You may check more than one option):

Cash Check Debit/Credit Card

Who, if any, might join you in sessions? _____

Have you ever received psychological, therapeutic, psychiatric, or drug treatment services? Y N

If yes, please *briefly* describe when, where, and what service: _____

Was this a positive, helpful experience for you? Y N

From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Location: _____ Date of Last Physical: _____

(City, State)

Please list ALL medications you currently take:

Medication/Drug: _____ Dosage: _____ Taken For: _____ Prescribed/Supervised By: _____

www.shuckandassociatestherapy.com

2001 S MO PAC EXPY 1926 AUSTIN TX 78746

512 587 3863

1 of 2

Shuck & Associates, PLLC
NEW CLIENT INTAKE

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

(List additional on back)

List any allergies or diagnoses I should be aware of: _____

Are you required by a court or a probation officer to seek psychotherapy at this time? Y N

If so, does your PO or other authority require reports of your treatment? Y N

Are you currently / recently involved in any court proceedings? Y N

If yes, please *briefly* describe: _____

Are you registered as a sex offender? Y N

I consent for Shuck & Associates, PLLC to communicate with me by mail, email, and phone at the addresses and phone numbers provided above, and I will IMMEDIATELY advise the therapist in the event of any change.

Client Signature

Date

Thank you for taking the time to complete this form.