

This form is being collected over the internet for the purposes of commencing electronic, internet-based one-to-one video sessions. Please note that if you have personal confidentiality and data security concerns, you may complete page 1 of this form and the other pages can be filled in verbally as our process moves forward on a hard copy kept in a secure filing location by practitioner. Please scan and email completed pages to tambakeras@gmail.com

Clinical Intake Form

Name

First

Middle, Last

Contact Number(s)

Email

Gender (circle one)

Female

Male

Non-Specified

Date of Birth (MM/DD/YYYY):

Place of Birth:

Height:

Weight:

Do you smoke? If yes please let me know how much daily:

Do you drink alcohol? If yes please let me know how much weekly

Do you use recreational drugs? If yes please let me know which ones and how much weekly (this info is confidential)

Have you ever been diagnosed with a psychiatric condition, including depression, or drug or alcohol addiction? If yes, please give me details including how long ago.

Are you currently taking any prescription or mood-altering medications? If yes, please give details including dosage.

Do you have any major physical limitations - from injuries, operations or similar? If yes, please give details.

Please use this space to let me know more about any issues you would like to work on, or some psychological background about yourself.