

Mudita A. Bahadur, Ph.D.
Licensed Clinical Psychologist (PSY16617)
1137 2nd Street, Suite 213
Santa Monica, CA 90403
(310) 463-7913

INTAKE FORM

Please answer as completely as possible. It will help our work together progress more quickly. All information is confidential as outlined in the consent form. If you do not wish to answer a question, simply write "Do not care to answer."

Date: _____

Name: _____

Date and Place of Birth: _____

Age: _____

Highest grade/degree: _____

Type of Degree: _____

Occupation: _____

Referred by: _____

Estimate the severity of the above problem: Mild ____ Moderate ____ Severe ____

Current concerns (be as specific as you can: when did it start, how does it affect you?)

Current marital/relationship status: _____ Name _____ Years: ____

Past & Present Marriage/s (years together, names and statements about the nature of the relationship/s such as friendly, hostile, abusive, distant, loving,) :

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Children/ Step/ Grand (names, ages, brief statement of relationship):

Parents/ Step-parents (Names, age/year of death/cause of death, occupation, personality, how did she/he treat you, statement about current relationship quality):

Father: _____

Mother: _____

Step-parents: _____

Siblings (names, age/year of death, statement about relationship):

Family History of alcoholism, mental illness, suicide or violence: _____

Any other significant figures in your childhood (uncles, aunts, grandparents, coaches, religious figures, etc.) :

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Medical Doctor/s (name and phone number) _____

Past/present medical care (any hospitalizations, major medical problems, surgeries, accidents, falls, illnesses): _____

Specify all MEDICATION you are presently taking and for what. PRINT clearly.

Past/Present Alcohol and drug use (AA, NA, treatment) _____

Legal history (describe age, charges, circumstances, etc.)

Past/Present Psychotherapy (specify dates, name of therapist, reason for treatment, brief description of the therapy, how helpful it was, how/why it ended):

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What gives you most joy or pleasure in life? _____

What are your main worries or fears? _____

What are your most important hopes or dreams? _____

Please add any other information you would like me to know about you and your situation here.