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Intake Form

Name: _____ **Age:** _____ **Date of birth:** _____

Address: _____

_____ **zip code** _____ **Gender identity** _____

Phone: home: _____ **cell:** _____ **work:** _____

Social Security Number: _____

Insurance Company: _____ **Member ID#** _____

Occupation and Employer: _____

Spouse/partner's name and age: _____

Children's names and ages: _____

Who currently lives in your home? _____

Physician: _____ **Phone:** _____

Medical problems: _____

Recent hospitalization: _____

Medications: _____

Have you ever been hospitalized for emotional reasons? _____ **When?** _____

Previous counseling or therapy experience? _____

When and for how long? _____