Dr. Graceann Robertson
7150 Kalamazoo Ave SE
Caledonia, MI 49316

INTAKE FORM

Completed by: _____ **Date**: _____

Patient Name: _____ **DOB**: _____

Education: □ In School Grade_____ □ High School Graduate □ College Graduate □ Post-Graduate

Employment: Current Position_____ How Long?_____

Marital Status: □ Never Married □ Separated/Divorced How long? _____ □ Married/Committed Relationship How long? _____ □ Widowed How long? _____

Living in your household:

Name:	Age:	Relationship:	Quality of relationship:
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor

Other family:	Deceased:	Quality of relationship:
Father (step?) _____	yes/no	good/fair/poor
Mother (step?) _____	yes/no	good/fair/poor
Siblings: _____	yes/no	good/fair/poor
_____	yes/no	good/fair/poor

Reason for seeking treatment:

□ lack of energy
□ sleep difficulty
□ appetite changes
□ not enjoying things
□ sadness
□ can't make decisions
□ lacking confidence
□ thoughts of hurting self
□ thoughts of hurting others
□ feeling tense
□ always worried
□ difficulties at school/ work
□ can't concentrate
□ very restless
□ easily angered
□ aggressive/ destructive
□ compulsive behaviors
□ nightmares
□ bedwetting
□ shy with people
□ sexual problems
□ problems w/ drugs/ alcohol
□ financial problems
□ guilt/shame
□ other: _____

Physical health conditions:

□ diabetes □ high blood pressure □ heart disease □ arthritis
□ epilepsy/seizure □ stroke □ cancer □ STD
□ head injury □ thyroid problems □ gastrointestinal □ other:_____

Current medications/doses_____

Allergies_____

Previous Mental Health Treatment? _____ If yes, where & when?_____

History of Abuse/Trauma?_____

History of Legal Problems?_____