

**Jean-Frederic Abouardham, M.Eng., Ph.D.**

Psychologist - License # PSY 16950  
(650) 224-0085

**INTAKE SHEET**

Full Name: \_\_\_\_\_

Address (Street): \_\_\_\_\_

City/Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Phones H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

e-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Presenting Problem: Why are you seeking help? Why now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

If using insurance, Physician's referral: \_\_\_\_\_

Insurance company: \_\_\_\_\_

**Please, check all that apply:**

- Previous therapy
- Current medications
- Suicide attempt(s)
- Drug/Alcohol related
- Hospitalizations for mental illness
- Health Issues
- Recent causes of stress

Other information you think might be useful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment information:**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_\_\_

Name of Client / Responsible Party

\_\_\_\_\_

Signature of Client / Responsible Party

Date