

## Biographical - Intake Form

Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, please write or type "N/A".

Name

Today's Date

Date of Birth

Place of Birth

Age

Address

Phone/Email

Highest Level of Education

Emergency Contact (Name/Number)

Referral Source

Occupation

Presenting Problem

Severity of Problem: Mild      Moderate      Severe      Extreme

Current Marital Status

Living Arrangements (type of housing, current occupants)

Past/Present Relationships/Marriages (years together, quality of partnership)

Children/Blended Family

Parents/Step-Parents

Siblings

Medical Doctors

Past/Current Medical Issues

Drug Allergies

Current Medications

Family Medical Issues

Substance Use (Past/Present)

Prior Behavioral Health Care

Prior Self Harm or Suicidal/Homocidal Behaviors

Support System

Describe your Childhood in general (relationships with others, developmental issues, school or behavioral challenges)

Traumas/Significant Life Events

Legal Issues

Strengths

Challenges

Hopes

Other Important Information: