



THERAPEUTIC SERVICES

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Biographical Intake Form

Please complete this biographical background form as thoroughly as possible. It will help me in our work together. This 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".

Today's Date: _____

Full Name: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Insurance: _____ Member #: _____ Group #: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Employer: _____ Occupation: _____

Referral Source: _____

What issues do you need assistance with?

When did you start experiencing this problem?

Severity of Problem:

☐ Mild ☐ Moderate ☐ Severe ☐ Extreme

Current Marital Status:

☐ Single ☐ In a relationship ☐ Engaged

☐ Married ☐ Divorced ☐ Widowed

Describe your current living arrangements (type of housing, current occupants, etc.):

Describe your past/present relationships/marriages (years together, quality of partnership):

Describe your relationship with your children/blended family:

Describe your relationship with your parents/step-parents:

Describe your relationship with your siblings:

Medical History

Current Medical Doctors:

Past/Current Medical Issues:

List Drug Allergies:

Are you currently on any medications? ☐ Yes ☐ No

If yes, please list dosage and condition it is treating:

Describe Family Medical Issues:

Describe Family Mental Health Issues:

Describe your substance use (past/present):

Describe your prior behavioral health care:

Describe your prior self-harm or suicidal/homicidal behaviors:

Describe your support system:

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

Describe your traumas/significant life events:

Describe any legal issues:

Describe your strengths:

Describe your challenges:

Describe your hopes:

Other important information: