

DEBRA L. JEDEIKIN M.A., LMFT, RPT
LICENSED MARRIAGE AND FAMILY THERAPIST (MFC # 40477)
REGISTERED PLAY THERAPIST
990 HIGHLAND DRIVE, # 100, SOLANA BEACH, CA 92075
PHONE: 858 342 6200.
FAX: 858 481 8816

INTAKE FORM MINOR

NAME: _____ MALE/FEMALE: ___ D.O.B.: _____ Age: _____
ADDRESS: _____
TELEPHONE: H : _____ W/OFF.: _____ CELL: _____

SIBLINGS (names/ages): _____

PARENTS/STEP-PARENT(s) (Ages or year of death): _____

PARENT OCCUPATION/HIGHEST LEVEL EDUCATION: _____

PRESENTING PROBLEM: _____

MEDICAL DOCTORS: _____ PHONE: _____

LAST EXAM: _____

PAST/PRESENT MEDICAL CARE (Specify: major problems, accidents, hospitalizations, current medication): _____

PAST/PRESENT COUNSELING/PSYCHOTHERAPY

1. Therapist: _____ Dates: _____ to _____ Phone: _____ Address: _____

Initial reason: _____

Process and outcome: _____

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE, SUICIDE:

OTHER INFORMATION: _____

SIGNATURE: _____