

Dr. Vicki Ehrlich, PsyD
2039 Palmer Avenue Suite 204
Larchmont, NY 10538
Office: (914) 833-3875

Adult Intake Form

Contact information

Name: _____

Address: _____
(Street) (City) (State) (Zip code)

Home number: _____ Can I leave voicemail: ☐ Yes ☐ No

Mobile number: _____ Can I leave voicemail: ☐ Yes ☐ No

Email address: _____

Preferred method of communication: _____ Referred by: _____

Personal Information

Dob: _____ Age: _____ Gender: _____

Occupation: _____ Employer: _____

Relationship Status: ☐ married ☐ single ☐ domestic partnership ☐ separated ☐ divorced
☐ widowed ☐ Other: _____

If married/partnered:

Name of partner/spouse: _____ How long have you been together: _____

Do you have children: ☐ Yes ☐ No Please list names/ages: _____

Presenting Problem

Reason for coming: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Address: _____
(Street) (City) (State) (Zip code)

Phone: _____ Email: _____

Medical History

Primary Care Physician: _____ Phone Number: _____

Have you had prior psychotherapy? ☐ Yes ☐ No

▪ If yes, with who: _____ For how long: _____

▪ For what concerns: _____

Have you ever been prescribed any psychiatric medications? ☐ Yes ☐ No

▪ If yes what medications: _____

List any medical problems: _____

Please list current medications: _____

Allergies: _____

How often do you drink alcohol and how much do you typically drink? _____

Do you smoke cigarettes (if yes how often)? _____

Do you have any concerns about your use of alcohol or drugs? ☐ Yes ☐ No

▪ If yes please describe: _____

Family Health History

Family history of mental health: _____

Family history of medical concerns: _____