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ADULT INTAKE FORM

In order to provide adequate services to you, your thoughtful completion of the items below will be most helpful. Name: Date: Birth date: _____ Age:_____ Address: Home Phone: City: _____ State: ____ Zip: ____ Cell Phone: e-mail: Place of employment: _____ Work phone: _____ Employment address: City:______ State: _____ Zip: _____ Occupation: Years at current job: Years of Education: Highest degree: Spouse's work phone: _____ Spouse's cell phone: _____ Who referred you here? How did you find out about our services? Check all that apply: internet search _____ referred by Dr:____ neighborhood directory referred by attorney:

Adult Intake Form	Page 2
yellow pages	referred by former patient:
other (explain below)	referred by the Georgia Psychological Association
	REFERRAL INFORMATION
Please briefly describe the cir-	cumstances that bring you here at this time:
	MENTAL HEALTH HISTORY AND STATUS
Have you previously seen a pa	sychologist, psychiatrist, or other mental health care professional?
□ Yes □ No If so, p	lease give name(s) and date(s):
	your family, ever been treated or hospitalized for emotional problems? If so, please hospitalization(s).
	If so, give date(s) and type(s) of offense?

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Are you currently involved in ANY legal proceedings? no, yes. If yes, please explain:	
Do you expect to be in ANY legal proceedings in the future? no, yes.	
If yes, please explain:	
MEDICAL HISTORY	
I consider my health to be:	
☐ Excellent ☐ Good ☐ Fair ☐ Poor	
Date of last physical exam:	
Physician's name and address:	
Madical conditions (for example, exthese vloors by mentancian dishetes beaut discoss concernets)	
Medical conditions (for example: asthma, ulcers, hypertension, diabetes, heart disease, cancer, etc.)	
Hospitalizations (Give reason and year):	

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		DRUG HISTORY	7		
List any prescription Medication	medications you are curre Reason placed on medication	ently taking: Dosage	Length of time on medication	Prescribing physician	
List any recreational	drugs (including alcohol)	you are currently u	sing or have used in the p	past:	
	are able to stop drinking o quit drinking or using d		-	ınt? □ Yes □ No	
	nber of your family ever b	-	_		
Signature of Person Completing Form:			Date:		