

Alanna M. Lipinski, Ph.D.

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NEW PATIENT INTAKE FORM

Name: _____

Today's Date: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female

Address: _____

Cultural/Ethnic Information (please indicate any considerations you would like me to take): _____

EMERGENCY CONTACT

Name	Relationship	Phone number

FAMILY INFORMATION

Please list all significant family figures involved in your life (i.e., spouse, children, parents, siblings.)

Name	Relationship	Age	Gender

Marital status: Married Cohabiting Separated Divorced Other: _____

Have you ever received therapy in the past? If yes, please describe what worked/did not work.

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Identify the main problems of concern.

Have you experienced something traumatic (abuse, neglect, significantly stressful situation)? If so, please describe if able. You may also choose not to describe and instead write “yes – discuss in session”.

Identify 3-4 goals for our work together.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

HEALTH HISTORY

Describe any history of medical issues (i.e., illnesses, injuries, surgeries, accidents).

List any prescription medications that you are currently taking and have taken in the past.

Medication	Dosage	Current/Past	Reason Taken	Prescribing Physician

Identify any negative side effects and your impression of impact of medication.

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EDUCATIONAL/OCCUPATIONAL HISTORY

Highest level of education: _____

Current job/primary responsibilities: _____

Are you satisfied with this job/responsibility? Please describe:

Major sources of stress:

Current ways you cope with stress described above:

FAMILY HISTORY

Indicate members of immediate/extended family who have been diagnosed with, or suspected to have.

<i>Diagnosis/Problem</i>	<i>Relationship</i>
ADHD	
Anxiety	
Autism Spectrum Disorder	
Bipolar Disorder	
Depression	
Learning Difficulties	
Oppositional Defiant Disorder/behavior issues	
Problems with alcohol/substance use	
Schizophrenia	

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Are you concerned about any of the following?

<i>Diagnosis/Problem</i>	<i>If yes, please describe</i>
Aggression/Anger	
Anxiety	
ADHD	
Bipolar Disorder	
Being easily distracted	
Crying often and uncontrollably	
Depression	
Difficulties controlling unwanted thoughts/images	
Difficulties expressing emotions	
Difficulties maintaining relationships	
Fidgeting/moving about constantly	
Irritability	
Low self-esteem	
Muscle Twitches or Motor Tics	
Obsessive thoughts/compulsive actions	
Panic symptoms (heart racing, difficulty breathing)	
Problems with drugs/alcohol	
Suicide attempt in the past	
Suicidal behavior or thoughts	