

DR. JANIE FELDMAN, Psy.D.

Licensed Psychologist #3481

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CONFIDENTIAL INTAKE FORM

Psychotherapy/Consultation Services

YOUR PERSONAL INFORMATION (Please type or print neatly)

Name

Marital Status

Street Address

City, State, Zip Code

Preferred Phone Number

Is This Phone

Cell Home Work

Email Address

Best Days and Times to Reach You

Date of Birth

INFORMATION OF THE PERSON YOU ARE REFERRING

Name of Person You are Referring

Your Relationship to this Person

Date of Birth

Grade and School (If Applicable)

Your Relationship to the Person Above

Your Street Address (If Different)

City, State, Zip

REFERRAL

Referral Source

Is this a Friend or Professional Referral

Area of Professional Specialization

EMERGENCY CONTACT

Person to Call in the Case of an Emergency

Relationship to this Person

Phone Numbers of this Person

FAMILY MEDICAL HISTORY

Name

Age

Relationship to You

LIST ANY PETS

Name	Breed	Age	Comments
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SERVICES

What services are you seeking?

- Individual Psychotherapy
- Group Psychotherapy
 - Teen Friendship Group Therapy
 - Children's Friendship Group Therapy
 - Women's Group
 - Other Group
- Family Therapy
- Couple's Therapy
- Assessment for ADHD, Learning Disabilities or Diagnoses
- Consultation to Physicians, Businesses, School Personnel or other
- Emergency Screening: Referred By
Reason for Screening

ISSUES

What issues concern you? Check all that apply.

- Anger Management
- Anxiety, Excessive Worrying or Insecurity
- Attention-Deficit/Hyperactivity Disorder (ADHD, ADD)
- Autism or Pervasive Developmental Disorders
- Behavioral Interventions

- Blending or Combining Families
- Body Image Issues and/or Disordered Eating
- Controlling Impulses, Acting without Thinking, Time Management Issues
- Depression, Feelings of Inadequacy, Hopelessness, or Low Self Esteem
- Difficulty Concentrating, Getting or Keeping Organized, Distractibility
- Effective Parenting through Behavior Modification and Reinforcement
- Feeling Empty, Unsatisfied, Disconnected, or Alone
- Gender Issues
- Identity Issues
- Impulsivity or Self-Control Issues
- Intense Emotionality or Difficulty with Emotion Regulation
- Irrational Fears or Phobias
- LGBTQIAA Issues
- Low Motivation, Failure to Launch, Education and/or Career Stagnation
- Marital Conflict or Family Discord
- Men's Issues
- Mindfulness, Meditation or Relaxation
- Obsessions and/or Compulsions (OCD)
- Oppositional, Defiant or Argumentative Behavior
- Overcoming Trauma
- Panic Attacks
- PTSD
- Parenting and Co-Parenting
- Relationship Difficulties, Separation, Reconciliation, or Divorce-related Issues
- Response Prevention Technique
- School or Learning Difficulties
- School Phobia/School Avoidance
- Self-Harming Behavior
- Separation Anxiety
- Sleep Difficulties (sleeping too much, too little or onset too late)
- Social Problems, Issues with Friends or Peers, Isolation or Harassment

- Stress Management
- Suicidal Thoughts or Feelings
- Unstable, Volatile or Destructive Relationships
- Unusual Changes in Mood, Excessive Moodiness, Rapid Mood Swings
- Women's Issues
- Work-related Stress
- Other. Please describe:

MEDICATIONS

Please list all current medications, vitamins and supplements.

Medication and Dosage	Purpose	Prescribing MD
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OTHER SUPPORTIVE SERVICES

Do you/your child receive any other supportive services or other treatment (speech therapy, occupational therapy, coaching, tutoring, etc.)? If so, please describe services below:

Service	Provider	Frequency	Reason
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Have you seen a psychologist or therapist before? Please describe your experiences.

Service Dates	Provider	Reason for Treatment	Outcome

In therapy, what do you hope to accomplish? Please write about your goal(s).

Is there anything else Dr. Feldman should know? Please comment here.

Signature of Patient, Parent or Guardian

Date

Relationship to Prospective Patient/Client

Click [HERE](#) to send to Dr. Feldman.

When Dr. Feldman receives this form, she will contact you at your preferred number. If you would like, you are welcome to call her at 908-222-1099 to discuss your intake or to schedule an appointment.