



Bebe Brezanin-Brusky, MSW, LCSW

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Adolescent, Adult & Couples Counseling
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Intake and Assessment –Part 1/ Adult

Client Name: _____

Referral Date: _____

Referral Source: _____

Demographics

Today's Date(s) _____

Client Name: _____ D/O/B _____ Age: _____

Ethnicity: _____

Address: _____

Phone (H) _____ (W) _____ (C) _____

Preferred telephone number to call you at _____ Ok to leave a message? _____

Emergency Contact (name, phone #, relationship) _____

Email: _____

Employer (name, phone #, address) _____

Length of employment? _____

Occupation: _____

Name of Spouse/Significant Other: _____

Address (if different from above): _____

Phone (H) _____ (W) _____ (C) _____

Spouse's/Significant Other's Employer (name, phone #, address) _____

Length of employment? _____

Occupation: _____

If married (or committed relationship) how long in current marriage/relationship? : _____

Previous Marriages/Committed Relationships? If yes, explain: _____

Children (Names and Ages): _____

Educational Information

What is the highest grade of school you completed? _____

Are you currently enrolled in school? _____

Client Name _____

Medical Information -Current/Past Professional Providers

Reason for coming to therapy now _____

Family Physician _____
Address _____
Phone _____ Date of last visit _____
Reports requested _____ Date of signed Authorization _____
Date Authorization sent _____

Psychiatrist _____
Address _____
Phone _____ Date of last visit _____
Reports requested _____ Date of signed Authorization _____
Date Authorization sent _____

Therapist _____
Address _____
Phone _____ Date of last visit _____
Reports requested _____ Date of signed Authorization _____
Date Authorization sent _____

Neurologist _____
Address _____
Phone _____ Date of last visit _____
Reports requested _____ Date of signed Authorization _____
Date Authorization sent _____

Previous Psychiatric/Chemical Dependency Treatment (including provider, type/level of care, DOS and treatment outcomes)

Medication

List all current and past psychotropic and other medications

<u>Medication</u>	<u>Current/past</u>	<u>Date started</u>	<u>Prescribing MD</u>	<u>Dosage</u>	<u>Response</u>	<u>Purpose</u>