

INTAKE FORM

ED TILLEY, LCSW

Office: 107 Baldwin Drive Leland, NC 28451

Mail: 2501 Troy Drive #9 Wilmington, NC 28401

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years):

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married Separated

Divorced Widowed

Please list any children/age: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

INSURED/RESPONSIBLE PARTY INFORMATION

Full Name of Insured (if different from client) _____

Relationship _____

Date of Birth _____

Home Address if different from client _____

Primary Insurance _____

ID Number _____

Group Number _____

Secondary Insurance _____

ID Number _____

Group Number _____

OFFICE BILLING AND INSURANCE POLICY

1. I authorize use of this form on all of my insurance submissions.
2. I authorize the release of information to my insurance company.
3. I authorize direct payment to Ed Tilley, LCSW.
4. I hereby permit a copy of this to be used in place of the original.

Name(Print) _____
Signature _____
Date _____

Psychotherapy is a process of bringing problems of an emotional or behavioral nature to a clinician trained and experienced to help define the nature of the problems and, together with the client, seek resolution to the problems. Often psychotherapy is helpful by assisting a person to sort through her/his thoughts and feelings as she/he talks about them with the psychotherapist. The psychotherapist points out the issues and problems as he hears them and helps the client see these issues in new and useful ways. The psychotherapist will often suggest changes in the way the client might think or behave in relationship to her/his problems and the client finds this helpful in resolving the problems.

FOR ADULT CLIENTS

I do hereby certify that I am requesting psychotherapy services from Ed Tilley, LCSW.

Signature _____ Date _____

FOR CHILDREN AND ADOLESCENTS

I, _____, do hereby certify that I have legal custody of, or am legal guardian for medical purposes, for _____. I hereby give permission for her/him to receive psychotherapy from Ed Tilley, LCSW. I also agree to participate in my child's treatment.

Signature _____ Date _____

PRIVACY ACT RECEIPT FORM

I acknowledge that I have received the notice about the Privacy Notice for Ed Tilley, LCSW.

Signature _____ Date _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No
- Yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication?

- Yes
- No

Please list: _____

Have you ever been prescribed psychiatric medication?

- Yes
- No

Please list and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	

ADDITIONAL INFORMATION:

1. Are you currently employed? No Yes

If yes, what is your current employment situation:

Do you enjoy your work? Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weakness?

5. What would you like to accomplish out of your time in therapy?
