Attention & Achievement Center

Submit Form

INTAKE HISTORY

Today's Date: 13 Feb 2013

Client's Name: _____ Age: _____ DOB: _____ Grade: _____ Gender M F

Address: _____

City & Zip: _____

Home Tel: _____ Cell: _____ Email: _____

MD: _____ Psychiatrist/ Psychologist: _____

If Client is less than 18 years old:

Father's Name: _____ Father's Email: _____

Mother's Name: _____ Mother's Email: _____

Father's Phone: Home: _____ Work: _____ Cell: _____

Mother's Phone: Home: _____ Work: _____ Cell: _____

Both parents live with the child? ___ No ___ If no, do you have legal custody? ___ No _____

List any diagnoses or medical condition and any prescription drugs such as Adderall, Concertta, Focalin, Strattera, Lamictal, Prozac, Zoloft, Neurontin, and Tegretol used in the past or now:

_____

_____

What other approaches have you tried (therapy, diets, etc.)?

_____

_____

How did you find us:

- ☐ KGO
- ☐ Bay Area Parent
- ☐ Google
- ☐ School
- ☐ KCBS
- ☐ Parents Press
- ☐ Yahoo
- ☐ Public radioq
- ☐ Bing
- ☐ Direct mail
- ☐ M.D. referral
- ☐ Other parents

☐ Other: _____

If referred by a friend or your doctor, may we have your permission to thank them for this referral? __ No

Please list things you would like to see changed as the result of your work with us:

_____

_____

Why now? What has prompted you to want to take action now?

_____

_____