

Rachel Bernstein, LMFT, MSED

16255 Ventura Blvd Suite 806 Encino, CA 91436

New Patient Intake Form

For new counseling clients

Patient Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State/Province

Postal/Zip Code

Country

Date of Birth

mm/dd/yyyy

Pronouns

They/Them, She/Hers, He/His (other)

Date of Birth

ex: joemoe@hotmail.com

Home Phone

Area Code

Phone Number

Cell Phone

Area Code

Phone Number

Rachel Bernstein, LMFT, MEd

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Preferred Method of Contact

Email

Cell Phone

Home Phone

Marital Status

Emergency Contact Information

First Name

Last Name

Street Address

Street Address Line 2

City

State/Province

Postal/Zip Code

Country

Mobile Phone Number

Work or Home Phone Number

Relevant Medical History

Please describe any relevant medical diagnoses, treatments, and illnesses that are important for Rachel Bernstein to know. Examples include: recent hospitalizations (mental and/or physical), diagnoses such as bipolar depression, and physical illnesses that affect your mental status.

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Current Medications

Please list all current medications and dosages (ex: Zoloft, 25mg)

Do you use alcohol?

Type how many drinks you have per week, on average, in the box below

(ex: 0-6 drinks)

Do you use any other substances?

Please list and give a brief overview of your usage

Primary Care Provider

First Name

Last Name

Area Code

Phone Number

Disclaimer: I do not provide legal advice or services and will not participate in legal proceedings, including serving as an expert witness, providing testimony, or engaging in disputes involving clients. My services are not intended for use in litigation or court matters.

Your signature certifies that all of the above information is truthful and accurate

Type your full name in the box below as your signature Date (mm/dd/yyyy)