

Victor Silva-Palacios, Ph.D.

Psychological Services, Inc.

PSY 14198

(805) 801-7590

3220 South Higuera Street, Suite 210

San Luis Obispo, CA 93401

PATIENT INTAKE FORM

PERSONAL

Name _____ Email (Print) _____

Home phone _____ Work phone _____

Soc. Sec. # _____ - _____ - _____ Date of Birth _____

Address _____ City _____ Zip _____

Spouse's Name _____ Work Phone _____

Who may I contact in case of emergency?

_____ Phone _____

_____ Phone _____

Employer _____

Occupation and brief description of duties _____

Church Affiliation _____

MEDICAL/PROFESSIONAL

List current illnesses and recent surgeries _____

Current medications and dosages _____

How much do you use? Tobacco _____ Alcohol _____ Caffeine _____

List any prior psychotherapy (type of treatment, provider, length of treatment, outcome)

Briefly describe your present difficulties:

Physician _____ Phone _____

Neurologist _____ Phone _____

Chiropractor _____ Phone _____

Psychiatrist _____ Phone _____

Attorney _____ Phone _____

Allergies/adverse reactions to medications or other substances:

Whom may I thank for referring you? _____

Health Insurance Company _____

Name of policy holder _____

Insurance ID number (SS#) _____

I will be paying at each session by cash _____ check _____

I hereby apply for evaluation, treatment and other services offered to me by Victor Silva-Palacios Ph.D. I am aware that the practice of psychotherapy is not an exact science and acknowledge that no guarantees have been made to me regarding the results of treatment. I understand that regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read the information on these two pages and have completed the above items. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in my health, emotional status, or above information.

Signature Date: ____/____/20____

Parent (If patient is a minor) Date: ____/____/20____