



Jennifer H. Harris, Psy.D. ~ Clinical Psychologist
28 W. Arrellaga St. Santa Barbara, CA 93101
doctorj151@gmail.com ~ 805-636-1681

Intake Form

NAME: _____ DATE: _____

ADDRESS: _____

Cell Ph: () _____ Other Ph: () _____ D.O.B.: _____

HIGHEST GRADE/DEGREE: _____ REFERRED BY: _____

PERSON AND TEL. NO. TO CALL IN EMERGENCY: _____

MARITAL STATUS: _____ FORMER/PRESENT MARRIAGE(S) (years): _____

SPOUSE NAME: _____ AGE: _____ OCCUPATION: _____

CHILDREN/STEP/GRAND (names/ages): _____

SIBLINGS (names/ages): _____

PARENTS/STEPPARENT(s) (Ages or year of death): _____

OCCUPATION/POSITION: _____

INSURANCE INFO: _____

MEDICAL DOCTOR(S): _____ PHONE(S): _____ LAST EXAM: _____

PAST/PRESENT MEDICAL CARE (Specify: major problems, accidents, hospitalizations,
current medication): _____

PAST/PRESENT COUNSELING/PSYCHOTHERAPY/PSYCHIATRIC HOSPITALIZATION:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (any addiction, AA/NA, etc.):

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE, SUICIDE:

PRESENTING PROBLEM:
