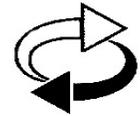




# Art Prennace, LPC, PLLC

## Psychotherapist



*New Perspectives*  
*Through Compassionate Listening*  
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### INTAKE AND REFERRAL FORM

Today's Date \_\_\_\_\_

Name of Insured Party \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Soc # \_\_\_\_\_

Client's Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_ Client's Age \_\_\_\_ DOB \_\_\_\_\_

Insured's Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone #'s (H) ( ) - (W) ( ) - (C) ( ) - \_\_\_\_\_

E-mail address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Grp \_\_\_\_\_ Auth # \_\_\_\_\_ Copay \_\_\_\_\_

Employer \_\_\_\_\_ Hire Date: \_\_\_\_\_

EAP \_\_\_\_\_ Auth # \_\_\_\_\_ # Sessions \_\_\_\_\_

Insured's Spouse/Ex-spouse or Partner's Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Soc # \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone #'s (H) ( ) - (W) ( ) - (C) ( ) - \_\_\_\_\_

E-mail address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_ Grp \_\_\_\_\_ Auth # \_\_\_\_\_ Copay \_\_\_\_\_

Employer \_\_\_\_\_ Hire Date: \_\_\_\_\_

EAP \_\_\_\_\_ Auth # \_\_\_\_\_ # Sessions \_\_\_\_\_

Nature of initial contact:  Scheduled Appointment  Crisis Counseling Referred by: \_\_\_\_\_

**Seeking Help With... or Current Stressors:**

**Demographics** (Client's ethnicity, gender, relationship status, family factors )

**Relevant Family History/ Significant Events:** (Please describe and include dates for any history of mental illness, domestic violence, substance abuse, trauma, divorce, deaths, legal issues, etc.)

**History of Psychological Treatment:**  Y  N (Please describe and include dates for any prior counseling, hospitalizations, psychological evaluations, diagnosis, interventions, recovery strategies)

**List Current Medications/Dosages/Medical History**

**List Any Drugs or Alcohol Use/Past or Present:** (type, amount, frequency, date last used)

How often in the past month did you drink alcohol or use drugs? I do not  drink or  use drugs at all  
 drink alcohol or  use drugs?  About once a month  2 to 3 times a month  2 to 3 times a week  Once a day or more

If you drink alcohol, please answer the following 4 questions.

1. Have you ever felt you should **cut down** on your drinking?  Yes  No
2. Have people **annoyed** you by criticizing your drinking?  Yes  No
3. Have you ever felt bad or **guilty** about your drinking?  Yes  No
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**eye opener**)?  Yes  No