

BARBARA BERNSTEIN, MA, LLC

LICENSED MARRIAGE AND FAMILY THERAPIST

2112 11<sup>TH</sup> Avenue South, Suite 325  
Birmingham, Alabama 35205  
Phone (205) 322-1818

INDIVIDUAL INTAKE

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

Client full name: \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Phone: (preferred #) \_\_\_\_\_ (other #) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you previously received counseling or therapeutic help?

( ) yes ( ) no ( ) rather not answer

If yes, please detail: \_\_\_\_\_

Name of practitioner

Type of care provided

Have you suffered a major depressive episode or attempted suicide? ( ) yes ( ) no

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please list the name and phone numbers of a relative or close friend who could give legal consent for your treatment:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about my practice? \_\_\_\_\_

May I send the person who referred you a letter of thanks or would you rather your visit be anonymous?

( ) yes, you may send ( ) no, I wish my visit to remain anonymous

Person responsible for account if other than you (and address): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

**I have read both the "Office Policies and General Information Agreement" and "HIPPA Notice of Privacy Practices". I understand them and agree to comply with them.**

\_\_\_\_\_  
Client name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature