

BARBARA BERNSTEIN, MA, LLC

Licensed Marriage and Family Therapist

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Birmingham, Alabama 35205  
(205) 322-1818

INDIVIDUAL INTAKE FORM

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

Client: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          first                  middle                  last                  age                  date of birth

Phone  
Information: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  name                  home                  work                  cell

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

Preferred email address \_\_\_\_\_

Have you previously received counseling or therapeutic help? ( ) yes ( ) no  
Do you have any thoughts regarding this work that you would like me to know?  
\_\_\_\_\_  
\_\_\_\_\_

Have you suffered a major depressive episode or attempted suicide? ( ) yes ( ) no  
Please provide more details if you can do so.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

If you were referred, may I thank this person for referring you or would you rather your visit be anonymous? ( ) yes, you may thank ( ) no, I wish my visit to remain anonymous

If it becomes necessary for me to send some correspondence or speak to you, do I have your permission to use the contact information listed? ( ) yes, you may send to home address; ( ) please do not use my home address.

**Billing:**

Person responsible for account, *if other than you*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
first name middle last

\_\_\_\_\_  
address

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
city state zip employer and phone number

\_\_\_\_\_ / \_\_\_\_\_  
phone number date of birth

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