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Licensed Psychologist  
Adult and Adolescent  
Mood, Anxiety and  
Addiction Disorders

### Client Intake Information

Name: \_\_\_\_\_ Today's date:  
\_\_\_\_\_

Home address: \_\_\_\_\_ Date of Birth:  
\_\_\_\_\_

Zip code: \_\_\_\_\_ Age: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone : \_\_\_\_\_ Work phone:  
\_\_\_\_\_

Employer/school: \_\_\_\_\_

Current medications:  
\_\_\_\_\_

Person to contact in Emergency: \_\_\_\_\_ Relationship:  
\_\_\_\_\_

How did you learn of my services:  
\_\_\_\_\_

Education: \_\_\_\_\_ Marital status: \_\_\_\_\_

List others in household:

Name	gender	date of birth	relationship to client
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Frequency of alcohol use: \_\_\_\_\_ Frequency of drug use:

\_\_\_\_\_

Describe any pending legal issues:

\_\_\_\_\_

List prior counseling/therapy (date and name of therapist):

What issues do you hope to resolve in therapy at this time:

For patient: How satisfied are you with your life at this time:

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

**Insured/Responsible Party Information**

Full name of insured: \_\_\_\_\_ Relationship:

\_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code:

\_\_\_\_\_

Employers/address/phone:

\_\_\_\_\_

Date of birth of insured: \_\_\_\_\_

Insured Primary insurance company: \_\_\_\_\_ ID Number:

\_\_\_\_\_