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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:
