



PSYCHOTHERAPY INTAKE CONSULTATION FORM  
(note: please use back of form to provide information as needed)

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Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

PRESENTING PROBLEM(S): WHY ARE YOU CURRENTLY SEEKING PSYCHOTHERAPY SERVICES?

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

RELATIONSHIP STATUS: (circle): MARRIED SINGLE DIVORCED WIDOWED DATING  
Children: \_\_\_ ages: \_\_\_ LIFE PARTNER CIVIL UNION OTHER: \_\_\_\_\_

EMPLOYMENT STATUS (circle): FULL-TIME PART-TIME RETIRED DISABLED UNEMPLOYED

Have you previously been in therapy or counseling?  YES  NO

Are you currently receiving any other counseling or health-related services?  YES  NO

Do you drink alcohol?  YES  NO

MEDICATIONS & ALL DRUGS: (Please list all medications and dosages you are currently taking):

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

MEDICAL PROBLEMS:

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

- IS THERE ADDITIONAL INFORMATION OR CONCERNS YOU WOULD LIKE TO SHARE?
- HOW DID YOU HEAR ABOUT MIKE REMSHARD & REMSHARD TRAINING & CONSULTING?