

Ellen Martin Logan, Ph.D.
Licensed Psychologist

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Adult Intake Information
(Please Print Requested Information Clearly)

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____ Employer: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Can a message be left for you at home? _____ At Work? _____

Have you ever been in therapy before? _____ If so, give the name of previous provider
(s) and dates of treatment: _____

If previous treatment, what was your response at the time and what is your evaluation now of the
experience? _____

Name of your insurance carrier: _____

Insurance carrier's address with Zip Code: _____

Insurance Policy #: _____ Group #: _____

Information on Spouse (if applicable):

Spouse's Name: _____ Age: _____ Date of Birth: _____

Spouse's Employer: _____ Spouse's Occupation: _____

Spouse's Work Phone: _____ Spouse's Social Security #: _____

Spouse's cell phone: _____ Email: _____

Name of Spouse's insurance carrier: _____

Insurance carrier's address with Zip Code: _____

Policy #: _____ Group #: _____

Will you be using your insurance? _____ Your Spouse's? _____ Self-pay? _____

Additional Client Information:

By whom were you referred to Dr. Logan?: _____

If you have children, please list name(s), age(s), and gender:

What difficulties or problems bring you here at this time? _____

When did these problems begin? _____

Are drugs and/or alcohol involved? _____ If so, which ones? _____

Do you presently feel suicidal? _____

Please describe any medical conditions you currently have or chronic illnesses: _____

List any allergies you have to foods, drugs, or other substances and describe any adverse reactions:

How frequently do you use the following?:	<u>Times per day</u>	<u>Times per week</u>
Caffeine:	_____	_____
Nicotine:	_____	_____
Alcohol:	_____	_____
Over the counter drugs:	_____	_____
Herbals, supplements, vitamins:	_____	_____

Name and phone number of someone to contact in the case of an emergency:

_____ Phone #: _____