Paul Ruffer, LICSW (LC 300557) & LCSW (13575) & Certified Imago Therapist
1050 17th St. NW Suite 1000 Washington, DC 20036; (202) 641-3981, pruffer@aol.com, www.pruffer.com

Initial Intake Form

(Individuals fill out "patient" only, couples fill out both "patient" and "partner" sections)

Date of First Session: / / Time:

Name:_____ Sex: M / F DOB: ____/____/____

Spouse/Partner:_____Sex: M / F DOB:____/_____/_____ _

Patient home #_____ Work#_____ Cell#_____ _____

Spouse/partner home #_____ Work#_____ Cell#_____ _____

Patient Address:_____ City:_____ State:____
Zip:_____

Spouse/partner Address: ☐ (check if same)_____ City:_____
State:____ Zip:_____

Referred by (if via Internet, please specify site):_____

Patient E-mail:_____

Spouse/Partner e-mail:_____

Presenting Problem:_____

Medications (patient):_____

Medications (partner):_____

Medical Problems (patient):_____

Medical Problems (partner):_____

Previous Psychotherapy (patient):_____

Previous Psychotherapy (partner):_____

Drug/alcohol use (patient)_____

Drug/alcohol use (partner)_____
Other issues and/or treatment goals:

_____