

Paul Ruffer, LICSW & LCSW-C & Advanced Certified Imago Therapist

1627 K St., NW, Suite 400, Washington DC 20006

165 Duane St., New York, NY 10013

(202) 641-3981, paul.ruffer@gmail.com, paulruffer.com

Initial Intake Form

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

Date of First Session: ___ / ___ / ___ Time: _____

Name: _____	Sex: M / F	DOB: ___ / ___ / ___
-------------	------------	----------------------

Spouse/Partner: _____ Sex: M / F DOB: ___ / ___ / ___

Client home # _____ Work# _____ Cell# _____

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

Client Address: _____ City: _____ State: _____

Zip: _____

Spouse/Partner Address: (check if same) _____ City: _____

State: _____ Zip: _____

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

Client e-mail: _____

Spouse/Partner e-mail: _____

Presenting problem: _____

Medications (client): _____

Medications (partner): _____

Medical Problems (client): _____

Medical Problems (partner): _____

Previous Psychotherapy (client): _____

Previous Psychotherapy (partner): _____

Drug/alcohol use (client): _____

Drug/alcohol use(partner): _____

Other issues and/or treatment goals: _____
