833 Dover Dr. Suite 17
Newport Beach, CA 92663

(949) 565-5015
DrCynthiaSmith.com

Client Intake Form

Name: ______________________________
Address: ______________________________
____
____
Home Phone: ______________________________
Other Phone: ______________________________

Occupation: ______________________________
D.O.B. ___/___/___ Age: ____ Date: ___/___/___
Gender: _______ Height: ______ Weight: _______
Race/Ethnicity: ___________ Marital Status ______
DL #: ______________________________
Email: ______________________________

Current Living Arrangements (people living with you):

Name	Age	Relationship

Date of last physical exam: _______________ Current Doctor: ______________________________
Phone#: ______________

Current medical conditions: ______________________________
____

Current medications: ______________________________

Significant prior medical conditions: ______________________________
____
____

Prior mental health treatment: ______________________________
____
____

Current reason for seeking treatment: ______________________________
____
____