

Dr. Robyn El-Bardai, PsyD  
431 30th Street, Suite 130 D

Clinical Psychologist  
Oakland, CA 94609

CA License PSY26738  
510-435-7444

**INTAKE FORM** (Fill-in is optional)

To save time during session, you may complete this form at home and bring it with you.

Today's date: \_\_\_/\_\_\_/\_\_\_ Referred by: -----

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race (optional): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of years married/cohabitating: \_\_\_\_\_

Spouse's/Partner's name: \_\_\_\_\_

Names and ages of your children: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Partner's Occupation \_\_\_\_\_

Employed Full-Time Student Part-Time Student Other (specify) \_\_\_\_\_

Name of current employer: \_\_\_\_\_

Name of school (when applicable): \_\_\_\_\_

**1. Medical history:**

Medications: \_\_\_\_\_

\_\_\_\_\_  
Counseling History: \_\_\_\_\_

Drug/Alcohol treatment: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

**2. Family history:**

Substance Abuse: \_\_\_\_\_

Mental illness: \_\_\_\_\_

3. **What are the primary reasons you are here?** (check all that apply):

Stress   Chronic Pain   Depression   Anxiety   Worrying   Panic attacks   Mood swings  
Sleep problems   Low Self-esteem   Low energy/fatigue   Anger   Irritability   Memory  
Traumatic events   Work problems   Academic problems   Family/Relationship problems  
Drug/Alcohol use   Other addiction   Eating problems   Sexual concerns   Hallucinations  
Thoughts of harming yourself or other

Other issues:

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**Payment Information:** Financially responsible party:   self                  other

Will you be requesting a statement to your health insurance?   Yes    No

If yes, insurance carrier: Plan: \_\_\_\_\_ Type: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Group number: \_\_\_\_\_  
(Please bring your insurance card to your first session so that a copy can be made.)

**Emergency contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

What do you see as your strengths? \_\_\_\_\_

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**Other information:** \_\_\_\_\_

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