

**NANCY IREY HOLMES, Psy D**

**Licensed Psychologist**

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**INTAKE FORM**

Please provide the following information by filling out this form and bringing it to your first session.

Please note: information you provide here is protected as confidential information.

Name: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Male  Female

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

(Street Address w/unit number if applicable)

(City)

(State)

(Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

May we leave a message?  Yes  No

Cell/Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

May we leave a message?  Yes  No

E-Mail Address: \_\_\_\_\_ May we email you?  Yes  No

(Please note that e-mail correspondence is not considered to be a confidential medium of communication.)

Referred by: \_\_\_\_\_

Areas of concern or problems that bring you to therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOALS** you would like to address in therapy:

#1 (Primary Goal) \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

How will you know when you have reached your goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have you done in the past that you found helpful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_