



Psychiatric and Counseling Services

1307 Jamestown Rd. Ste 202
Williamsburg, Va 23185

Phone: 757-229-7927
Fax: 757-253-8891

PRIMARY INTAKE FORM

BACKGROUND INFO:

Name: _____ DOB: _____

Gender: _____ Cell: _____

Insurance: _____ ID# _____

Primary Insurance holder Name and DOB: _____

Email Address: _____

REFERRING PROVIDER _____

PRIMARY REASONS FOR SEEKING APPOINTMENT?

PRIMARY THERAPY ISSUES (Please check as many concerns that you feel apply to you):

Grief and Loss: _____ Relationship Issues: _____ Depression: _____

Mood Disorder: _____ Anxiety: _____ Trauma _____ Work : _____

OTHER ISSUES (Please Specify): _____

Currently taking medication(s) for psychological reasons? YES _____ NO _____

If yes, which medications? _____
