



Vanessa Laughter, Ph.D.
PSYCHOLOGY, INC.

12625 High Bluff Drive #201
San Diego, CA 92130
619-363-1025
VanessaLaughterPhD.com

CLIENT INTAKE FORM

Name: _____

Address: _____

Telephone (Home): _____ **(Cell):** _____

E-mail: _____

Age & D.O.B.: _____ **Marital Status:** _____

Race/Ethnicity: _____ **Number of Children:** _____

Occupation and Employer/School: _____

Emergency Contact Information:

Name: _____ **Relationship to you?** _____ **Tel Number:** _____

Address: _____

Please describe what brings you to seek therapy at this time: _____

How long have you been having trouble with these concerns? _____

Who is your biggest support at this time? What are you doing to help you cope?



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Have you ever seen a psychologist, psychiatrist, or mental health provider?

Name:	Dates of service:	Treatment for:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any medications? Prescribed and OTC:

Medication (and dosage):	Date started:	Treatment for:	Prescribed by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and Address of Primary Care Physician:

Name and Address of Psychiatrist:

Please describe your alcohol, tobacco and/or drug use (including frequency and amount):



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How would you describe your physical health?

Please describe any positive health behaviors (i.e. exercise, meditation):

Is there anything else that you think Dr. Laughter should know?

How did you hear about Dr. Laughter's services?

Signature

Date