

**Marlene Talbott-Green, PhD, LCC
Labrys Counseling and Therapy, Ltd.
36 W. Short Street
Worthington, Ohio 43085-3561**

Intake Information:

Date: DSM DIAG: _____

Patient Information:

Last name: _____ First name: _____ MI: _____

Date of Birth: _____ SSN#: _____

Address:

Street: _____ City: _____ State: _____ Zip: _____

Phone/email:

Home: _____ Work: _____ Cell: _____ eMail: _____

Insurance Company Information:

Name: _____ Policy #: _____

Address:

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____

Other Information:

Authorization for Release of Information:

Signature: _____ Date: _____

Referred By: _____

Previous Counseling:

Year: _____ Therapist: _____ City: _____ State: _____

Psychiatric Hospitalizations:

Year: _____ Hospital: _____ City: _____ State: _____

Counselors and Hospitals are not contacted without your consent.

Health Status: _____

Current Medications:

Personal Physician: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Address:

Street: _____ City: _____ State: _____ Zip: _____

Emergency Contact's Phone/email:

Home: _____ Work: _____ Cell: _____ eMail: _____

Signature of responsible party: _____ Date: _____