Tri-Valley Psychological Services, PC

Lisa Regev, PhD, PSY 19770
1811 Santa Rita Road, #106,
Pleasanton, CA 94566
925-264-9479

Client Intake Information Form

Date: _____

Client Name: _____ Nickname: _____

Age: _____ Birthdate:_____ Gender: _____ Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ ok to leave a message? Yes/no Ok to text? Yes/no

Cell: _____ ok to leave a message? Yes/no Ok to text? Yes/no

Email: _____ ok to email? Yes/no

Occupation: _____ Employer: _____

Members of the household:

Name	Age	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any prior therapy you have received:

_____

_____

_____

What concerns brought you to counseling? _____

_____

_____

_____

What are your goals for treatment? _____

_____

_____

Are you under a physician's care? Yes _____ No _____

If yes, please describe below:

Client Name Physician's Name Nature of Treatment Medication

_____

_____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Who referred you to me? _____

Who is your insurance carrier? _____