



# Ken Hewett, MA, LCPC

Date \_\_\_\_\_

Intake Form

### Client's Name

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  
Female

### Spouse's Name

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  
Female

### Address

\_\_\_\_\_

### City

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Home Phone

( ) \_\_\_\_\_

### Work Phone

( ) \_\_\_\_\_

### Cell Phone

( ) \_\_\_\_\_

### Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Marital Status

Single Married Other

### Highest Level of Education

\_\_\_\_\_

### Religious Affiliation

\_\_\_\_\_

### Occupation / Business

\_\_\_\_\_

How did you hear about me?  
\_\_\_\_\_

## Personal & Family History:

Client's Immediate Family Members:

| Name | Relationship | Age | Name | Relationship | Age |
|------|--------------|-----|------|--------------|-----|
|      |              |     |      |              |     |
|      |              |     |      |              |     |
|      |              |     |      |              |     |

Please describe any history of physical or mental health issues either in your current family or in your family of origin:  
\_\_\_\_\_  
\_\_\_\_\_

Any history of addictions? Yes No Give Details:  
\_\_\_\_\_

Have you ever had psychotherapy before? Yes No Reason:  
\_\_\_\_\_

Name of Therapist: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you currently on any medications?    Yes    No

|             |                   |         |                      |
|-------------|-------------------|---------|----------------------|
| Medication: | Prescribed<br>By: | Dosage: | Date(s) of<br>usage: |
| _____       | _____             | _____   | _____                |
| Medication: | Prescribed<br>By: | Dosage: | Date(s) of<br>usage: |
| _____       | _____             | _____   | _____                |

---

Any significant health changes in the past year?    Yes    No    Reason:

---

What brings you to therapy at this time?

---

**Notice of Privacy Practices,  
Payment & Cancellation Policies  
Receipt and Acknowledgment of Notice**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Ken Hewett's Notice of Privacy Practices, Payment & cancellation policies. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Ken Hewett at 847-381-2700 x117 or 1531 South Grove, Suite 204, Barrington, IL 60010

---

Signature of Patient / Client

Date

---

Signature of Parent, Guardian or Personal Representative\*

Date

---

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient / Client Refuses to Acknowledge Receipt:

---

Signature of Staff Member

Date