

Dr. Amanda Roberts – Clinical Psychologist and EMDR Specialist  
Patient Intake Form

**PERSONAL INFORMATION**

First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSI#: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**EMPLOYMENT**

Employment Status: Fulltime/Part-time/Unemployed/Student

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Length of time: \_\_\_\_\_

**REASONS FOR VISIT**

Recent concerns prompting today's visit: \_\_\_\_\_

Current therapy or treatment: \_\_\_\_\_

Previous therapy: \_\_\_\_\_

Current medications: \_\_\_\_\_

Current health conditions: \_\_\_\_\_

Any Hospitalizations: \_\_\_\_\_

Notes: \_\_\_\_\_

**EMERGENCY CONTACT**

First and Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to patient: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT ME?**

Referral source: \_\_\_\_\_

**Explanation of fees:**

Initial session runs \$270 and subsequent sessions \$250 for individual therapy/consultation. Group is \$40-100 per session. In some situations, I can be flexible with the fee arrangement. I do not take insurance but am happy to provide the information you need to submit your own billing.