Ramona Taylor MA MFTI Marriage & Family Therapist Registered Intern
Inland Integrated Wellness Center.
817 West Grand Blvd. Corona, CA. 92882.
888-634-6999 x 16

INTAKE FORM – GROUP

Name: _____ DOB: _____

Male: Female: Marital Status: _____

Address: _____

_____

Number of Household Members: _____

Employer: _____ work phone (____)_____

Personal Contact information:	**Phone Number /e-mail**	**Voice or text message ok?** **Yes**	**No**
Home	(___)_____	☐	☐
Cell Phone	(___)_____	☐	☐
e-mail	(___)_____	☐	☐

Name of Emergency Contact: _____ Phone Number (___)_____
Relationship: _____

Primary Care Physician: _____ Phone Number (___)_____

Psychiatrist: _____ Phone Number (___)_____

Medical Problems: _____

List all medications that are currently being prescribed: _____

How did you hear about The Inland Integrated Wellness Center? _____

Type of support Group: _____

What specific change do you want to see in your life as a result of coming to this group? _____

_____

_____

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Please indicate your experience with the following symptoms.

	None	Mild	Moderate	Severe	How long/How often
Severe Sadness or Depression	☐	☐	☐	☐	_____
Memory Problems	☐	☐	☐	☐	_____
Suicidal Thoughts	☐	☐	☐	☐	_____
Compulsive Behavior	☐	☐	☐	☐	_____
Sleep Problems	☐	☐	☐	☐	_____
Feelings of Hostility	☐	☐	☐	☐	_____
Obsessive Thoughts	☐	☐	☐	☐	_____
Weight Change	☐	☐	☐	☐	_____
Change in Appetite	☐	☐	☐	☐	_____
Acts of Violence	☐	☐	☐	☐	_____
Social Isolation	☐	☐	☐	☐	_____
Strange Thoughts	☐	☐	☐	☐	_____
Inability to Concentrate	☐	☐	☐	☐	_____
Tension/Anxiety	☐	☐	☐	☐	_____
Sexual Problems	☐	☐	☐	☐	_____
Panic Attacks	☐	☐	☐	☐	_____
Other _____	☐	☐	☐	☐	_____

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_____

Please indicate how you are doing in the following areas:

	Not applicable	Cannot function	Serious Problems	Moderate Problems	Mild Problems	No Problems
How well you are doing on your job?	☐	☐	☐	☐	☐	☐
How well are you doing with your spouse or partner?	☐	☐	☐	☐	☐	☐
How well are you doing in family relationships?	☐	☐	☐	☐	☐	☐
How well are you doing in relationship with people outside your family?	☐	☐	☐	☐	☐	☐

How would you describe your current physical health? _____

How would you describe your general happiness and well-being? _____

Thank you.