

**Diane Byster, LMFT, NCC, RYT**

Licensed Marriage and Family Therapist, Career Consultant and Registered Yoga Teacher

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**INTAKE SUMMARY**

NAME(S)	
ADDRESS	
PHONE NUMBERS	
E-MAIL	
AGE	
DATE OF BIRTH	
SOCIAL SECURITY #	
EMERG. CONTACT	
RELATIONSHIP	
ADDRESS	
PHONE NUMBER	
PSYCHIATRIST	
PHONE NUMBER	
PHYSICIAN	
PHONE NUMBER	
OTHER HEALTH PROFESSIONALS	
MARITAL STATUS	
SPOUSE/OTHER	
CHILDREN (AGES)	
OTHERS LIVING IN HOUSEHOLD	

EMPLOYER	
POSITION	
EMPLOYED SINCE	

RELEVANT MEDICAL HISTORY	
CURRENT MEDICATIONS	
INSURANCE FOR THERAPY	
CURRENT SUBSTANCE USE	
PAST SUBSTANCE USE	
RELIGIOUS AFFILIATION	
EDUCATION	
DEGREES HELD	
PREVIOUS THERAPY	
REFERRAL SOURCE	