

Diane Byster, LMFT, NCC, RYT

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

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INTAKE SUMMARY

Note: If seeing therapist jointly with another person, each person fill out a separate copy of this sheet, and include both names in the first box below.

Your Name <i>[add name of anyone joining you in therapy:]</i>	
Address	
Phone Number(s)	
E-Mail	
Age	
Date of Birth	
Emergency Contact	
Relationship	
Phone Number(s)	
Psychiatrist	
Phone Number of Psychiatrist	
Physician	
Phone Number of Physician	
Other Health Professionals	
Marital Status	
Spouse/Other	
Children (Ages)	
Others Living In Household	
Employer(s)	
Position(s)	
Employed Since	

Relevant Medical History	
Current Medications	
Insurance for Therapy	
Previous Therapy	
Current Substance Use	
Past Substance Use	
Religious Affiliation	
Education	
Degree(s) Held	
Referral Source	