# Brain Wellness Center

San Ramon office: 2410 San Ramon Valley Blvd, Suite #140 San Ramon CA 94583 Phone: (925)837-1100
Fax: (925)837-1112 Website: www.brain123.com

**INTAKE HISTORY**

Today's Date: _____

Client's Name: _____ Email: _____

Age: _____ Month: _____ Day:_____ Year:_____ Gender: _____ Occupation: _____

Address:_____

City & Zip: _____

Phone 1: _____ Phone 2: _____

MD: _____ Psychiatrist/ Psychologist: _____

**If Client is less than 18 years old please complete this area:**

Father's Name: _____ Father's Email:_____

Mother's Name: _____ Mother's Email: _____

Father's Phone 1: _____Phone 2: _____

Mother's Phone 1: _____Phone 2:_____

Both parents live with the child? _____If no, do you have legal custody? _____

Emergency Contact: _____ Phone Number:_____

**List any diagnoses or medical condition and any prescription drugs such as Adderall, Concertta, Focalin, Strattera, Lamictal, Prozac, Zoloft, Neurontin, and Tegretol used in the past or now:**

_____

_____

**What other approaches have you tried (therapy, diets, etc.)?**

_____

_____

**How did you find us:**

[ ] Radio [ ] School [ ] Internet [ ] Direct mail
[ ] Friends or Family [ ] Radio- Music [ ] Social Media [ ] M.D. referral

[ ] Other: _____

If referred by a friend or your doctor, may we have your permission to thank them for this referral?

_____

**Please list things you would like to see changed as the result of your work with us:**

_____

_____

**Why now? What has prompted you to want to take action now?**

_____