

**Linda S. Tell, RN, MFT**  
**Relationship & Mediation Services**

MFT 25888

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**Intake Information**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

Referred by: \_\_\_\_\_ Is it ok to thank them? \_\_\_\_\_

Children/ Ages / Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

Taking any medication? YES NO  
If yes, what medications? \_\_\_\_\_  
\_\_\_\_\_

Substances:  
Coffee YES NO  
Tobacco YES NO

Do you drink alcohol? Or use any other drugs (marijuana, cocaine, meth, uppers/downers)? \_\_\_\_\_

Amount and frequency? \_\_\_\_\_

Have you or anyone in your immediate family threatened or completed suicide? \_\_\_\_\_

Any hospitalizations for mental illness? \_\_\_\_\_

Reason for visit: \_\_\_\_\_  
\_\_\_\_\_