



1661 International Drive Suite 400 Memphis, TN 38120 Phone: 901.206.4495
Please return this form via fax at 289.204.6783 or email to admin@ccfp.clinic

Intake Form

Today's Date: _____ **Preferred Provider:** _____

Patient (Full legal name) _____

Preferred Name (if applicable) _____

Marital Status (if 18 or older): Single Married Divorced Widow

Date of Birth: _____ Age: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Best Number to reach you: _____ May we leave a message? Yes No

Would you like appointment reminders by text message? Yes _____ No _____

Email: _____

What time is the best for an appointment: AM ____ PM ____

How did you hear about us and/or referral source: _____

Preferred Pharmacy: _____

Legal/Custody Information

Is this appointment court ordered: Yes No

(if client is under 18 and there are custody issues):

Joint Custody Father Custody Mother Custody Other

Details if needed: _____

Who has physical custody? _____ Who makes medical decisions? _____

Please check any symptoms that you currently experience or have experienced, and indicate when you experienced them.

	Symptom	When and How often you experience it		Symptom	When and How often you experience it
	Headaches			Less need for sleep	
	Restlessness			Excess Energy	
	Dizziness			Elated mood	
	Pain			Excessive Spending	
	Excessive Anger			Racing Thoughts	
	Feeling irritable			Weight Gain	
	Difficulty Sleeping			Weight Loss	
	Mood Swing			Physical Abuse	
	Appetite Changes			Sexual Abuse	
	Impulsive Behavior			Emotional abuse	

	Confusion		Verbal Abuse	
	Avoidance		Relationship Problems	
	Increased Irritability		Family Conflict	
	Eating Problems		Sexual Problems	

Do any family members struggle with the following challenges? Please specify which family member.

Learning challenges/disability: _____

Depression/Bipolar Disorder: _____

Alcoholism/drug addiction: _____

Anxiety/panic attacks: _____

Trauma: _____

Suicide attempts: _____

Eating disorders (Anorexia/Bulimia): _____

Hyperactivity/ADHD: _____

Other: (Please specify) _____