

**Lauren Lazar Stern, MA, ATR-BC, LPC  
311 South Craig Street, Suite 2D  
Pittsburgh, Pennsylvania 15213**

**INTAKE INFORMATION**

**PERSONAL:**

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ SS Number \_\_\_\_\_  
Highest Grade Completed \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Email address \_\_\_\_\_  
Name of School (if a student) \_\_\_\_\_  
Person to Contact in Case of an Emergency \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Who referred you? \_\_\_\_\_

**INSURANCE:**

Type of Insurance \_\_\_\_\_ ID Number \_\_\_\_\_  
Group Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**MEDICAL:**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Last Medical Checkup \_\_\_\_\_ Medical Problems \_\_\_\_\_  
Current Medications \_\_\_\_\_

**FAMILY INFORMATION:**

**Family Members and Others Living in the Home**

Name	Relationship	Age	School, Grade, Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Counseling or Psychotherapy \_\_\_\_\_

Family History of Emotional or Behavioral Problems: (e.g., depression, anxiety, drug or alcohol problems, eating disorders)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_