

Andrew J. D'Amico PH.D LLC  
Radnor House Condo Suite L-10  
1030 East Lancaster Avenue  
Rosemont PA 19010  
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INTAKE EVALUATION

Date of Evaluation\_\_\_\_\_

Client's Name\_\_\_\_\_

Client's DOB\_\_\_\_\_

Client's Age\_\_\_\_\_

Client's Phone\_\_\_\_\_

Client's Address\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Client Referred by\_\_\_\_\_

Fee Arrangement\_\_\_\_\_

Clinician\_\_\_\_\_

Client is a Minor\_\_\_\_\_

Legal/Physical Custody  
Arrangement\_\_\_\_\_

Parents' Names and Addresses and  
Phones\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family  
Members\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's  
School\_\_\_\_\_

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\_\_\_\_\_

Client's Grade\_\_\_\_\_

Patient IEP or 504  
Describe\_\_\_\_\_

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Parents Separated or Divorced\_\_\_\_\_



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Health History  
Report of Medical Concerns and update on last physical  
Physician name and address and permission to  
speak

Mental Status Evaluation and  
Psychosocial  
Assessment

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Academic  
Concerns

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House hold Activities Daily Activities and

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Prior Hospitalizations or Treatment  
Programs

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Previous or Current Testing  
Results

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Previous or Current Psychiatric Evaluations and Medications

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Previous and Current Providers

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Risk Assessment

Traumas

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Suicide Attempts or Ideation

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Substance Abuse History

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Destructive behavior to self or others including violence

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Criminal History

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Client has read Informed Consent information and has had opportunity to have any questions addressed. These included topics such as my qualifications, and techniques, the fee and fee arrangement, confidentiality and limits to confidentiality, and policies\_\_\_\_\_

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Client has been given Notice of Privacy Practice and explained and signed the consent for Notice of Privacy as designated by Health Insurance Portability and Privacy Act\_\_\_\_\_

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Client signs release of information: The clinician is allowed to speak to\_\_\_\_\_

\_\_\_\_\_