



VILLAGE FAMILY PSYCHIATRY
INTAKE QUESTIONNAIRE

NAME: _____ AGE: _____

1. Who referred you/your child to our office? _____

2. What is the problem you are experiencing? _____

3. What have you done to solve the problem? _____

4. Are there any other problems you would like to discuss with the Doctor?

5. Are you/your child taking any medications? _____

6. Do you/your child have any major medical problems? _____

7. Do you/your child have allergies, including to any medications? _____

If so, to what? _____
