



Gary Lange, Ph.D.

Licensed Marriage and Family Therapist #25633
Certified Addictions Specialist and Gambling Counselor
41-750 Rancho Las Palmas, K-4, Rancho Mirage, CA 92270
760-773-1014
email: Gary@GaryLangePhD.com
www.GaryLangePhD.com

INTAKE FORM

Name _____ Date _____

Address _____ E-mail _____

City _____ State _____ Zip _____ Cell Phone _____

Other Phones: Work/off _____ Home Phone _____

D.O.B. ___/___/___ Age _____ (circle:) Male/Female Referred by _____

Employer _____ Occupation _____

Person to call in Emergency _____ (Relationship) _____ Phone _____

FAMILY: Spouse/Partner's Name _____ Age _____ Years Known _____ Occupation _____

Children/Step/Grand (names/ages)(Circle those supportive) _____

Living parents/step-parent(s) (ages/hometown; Supportive?) _____

Siblings (names/ages/Supportive?) _____

I am here because _____

Hobbies/support system _____

Medical Doctors _____ Phone _____ Last exam _____

Past/present medical care (specify: major problems, accidents, hospitalizations) _____

Current medications _____

Past/present counseling/psychotherapy _____

Amount: Caffeine? ___/day; Tobacco? ___/day; Alcohol? ___/week; Other drugs? ___/week

Family History of Addiction, Mental Illness, Violence, Suicide _____

1. Ever lied about your Gambling? Yes ___ or No ___ 2. Have you ever bet more than you intended? Yes ___ or No ___

Religious/Spiritual practice _____ Internet use _____ hrs/week

Circle if you have had a change in any of these in the past 6 months: weight; sleep/concentration/memory problems, anxiety, depression, alcohol, drug, gambling, anger, sexual activity, general level of activity, other _____

Use the space below or on the back of this form if you need to give further information