

# Evaluation Intake Information

Name: \_\_\_\_\_

(Last) (First)

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Okay to leave a message?**    Yes    No

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Occupation:** \_\_\_\_\_

**Are you currently taking any medications? If yes, please list names below:**

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**Date of last doctor's visit** (Month / Year): \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Have you been to counseling before?**      Yes      No

**Prior Diagnoses:** \_\_\_\_\_

OVER

**Do you use any recreational drugs?**      Yes      No      **Type:** \_\_\_\_\_

**How many alcoholic drinks do you have per week?**      None      1-3      4-6      6-10      10+

**How did you hear about me?**

I did a Google Search (*search term used*): \_\_\_\_\_

I went directly to a website (*name of website*): \_\_\_\_\_

I was referred by: \_\_\_\_\_

Other: \_\_\_\_\_

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