



Patricia K. Barr, Ph.D., Clinical Psychologist

patriciakbarr@verizon.net; (617) 460-2745

Adult Intake Form

Today's Date _____

Name _____ DOB _____

Address _____

Cell phone _____ OK to call? _____ Email: _____

Emergency Contact Person _____

Occupation, Employer _____

Education, Training _____

Racial/Ethnic Identity(s) _____ Faith/religion: _____

Who lives in home with you? (names, ages, relationship) _____

Primary Care Provider _____

Phone _____ Fax _____

Your medical condition and medications/treatments _____

Current medications (name, dosage, when began, who prescribed) _____

Summary of Previous Therapy, Psychiatric Hospitalizations

Please list stresses, losses, and changes over the past year



Patricia K. Barr, Ph.D., Clinical Psychologist

patriciakbarr@verizon.net; (617) 460–2745

What your strengths, sources of happiness, best personal connections, positives?

What are the major problems that you want therapy to help with?

How are these problems affecting others in your life?

What seems to make the problems worse?

What seems to help the problems?

Why are you seeking help now, rather than earlier?

What changes do you hope for? If therapy is successful, how will you know?

Please feel free to add other comments or information you think would be helpful:



Patricia K. Barr, Ph.D., Clinical Psychologist

patriciakbarr@verizon.net; (617) 460–2745

Insurance Information

Important: this practice is not on insurance panels and payment is expected at the time of service. It is possible that some plans reimburse for treatment, usually at a reduced rate, and we can bill your company directly or provide an itemized receipt. FSA and HSA plans typically pay for medical services not covered by insurance and we can provide an itemized receipt for those plans as well. Please call your health insurance company or plan for more information.

If the patient is NOT the subscriber please provide subscriber information:

Subscriber Name:

Subscriber Address:

Subscriber Phone:

Subscriber Employer (if insurance is through work):

Relationship of Patient to Subscriber:

Insurance Company:

Insurance ID:

Insurance Plan:

Deductible?

Copay for Specialty Care (CPT Code 90837)?