

Danute Kuncas
Depth Psychotherapist
210 West 22nd Street
Oakbrook, IL 60523
(630)926-6849

Intake Form

Client Name _____
Date of Birth _____ Sex _____ Marital Status _____
Home Address _____
Work Address _____
Home Phone (_____) _____
Work Phone (_____) _____
Cell Phone (_____) _____

Daytime phone number where you wish to be reached regarding appointments.
Calls will be discreet, but please indicate any restrictions regarding calls:

Primary complaint _____

Date symptoms first noted _____

Date(s) of any previous therapy/treatment _____

Who provided previous treatment? _____

Who is your primary care physician? _____

Your physician's address & phone# _____

When was your last comprehensive medical evaluation? _____

List any medical conditions, and any medications your currently take including dosage. _____

Please note anything else you think I should know about your condition:

