



Nancy Bothwell, EdD  
Registered Psychotherapist, RMFT  
*Nancy Bothwell Psychotherapy Services*

### INTAKE - Partner

<b>1. First Name</b>		<b>Last Name</b>	
<b>DOB</b>	<b>Age</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>

<b>2. First Name</b>		<b>Last Name</b>	
<b>DOB</b>	<b>Age</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>

<b>Address</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Referral Source</b>			

#### CONTACT INFORMATION Partner 1

<b>Cell</b> Leave message Y <input type="checkbox"/> No <input type="checkbox"/>	<b>Home</b> Leave message Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Work</b> Leave message Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Emergency contact</b>		<b>Phone</b>

#### CONTACT INFORMATION Partner 2

<b>Cell</b> Leave message Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Home</b> Leave message Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Work</b> Leave message Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Emergency Contact Name</b>		<b>Phone</b>

**FAMILY MEMBERS**

<b>Name</b>	<b>DOB</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>Relationship</b>
<b>Name</b>	<b>DOB</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>Relationship</b>
<b>Name</b>	<b>DOB</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>Relationship</b>
<b>Name</b>	<b>DOB</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	<b>Relationship</b>

**HEALTH CARE PROFESSIONALS**

<b>Family Doctor</b>	<b>Phone</b>
<b>Psychiatrist</b>	<b>Phone</b>
<b>Psychotherapist</b>	<b>Phone</b>
<b>Specialists</b>	<b>Phone</b>
<b>Other helpful Information</b>	