

Marie T. Rogers, Ph.D., PA

Licensed Psychologist

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Adult Intake

Full Legal Name: _____ Date: _____

Gender : F ___ M ___ Date of Birth: ____/____/____ Age: _____

Address: _____

Telephone Number:	Home:	Work:	Cellular:	Text:	OK to contact?
	____/____-____	____/____-____	____/____-____	____/____-____	Yes _____ No _____
					Yes _____ No _____
					Yes _____ No _____
					Yes _____ No _____

E-Mail address (only provide if it is OK to contact you via e-mail): _____@_____

Marital Status: _____ Children? Yes _____ No _____ If yes, how many? _____

Highest Education Completed: _____ Occupation: _____

Religious Affiliation: _____

Briefly describe why you are seeking services at this time: _____

Your Physician's Name: _____ Telephone number: _____

Have you ever seen a mental health professional before; i.e., psychiatrist, psychologist, social worker, or counselor? Yes _____ No _____
Are you presently under the care of a mental health professional? Yes _____ No _____

If you answered yes to either of the above two questions, please briefly describe when, with whom, and for what purpose:

If you are presently taking medication(s), please indicate the medications(s) that you are taking and for what reason(s):

Additional Information/Comments:

In case of emergency, whom may I contact? _____
Telephone number: _____ / _____ - _____ Relationship to you: _____

Payment Information

Please note that payment is expected at the time services are rendered. If you are planning on using your health insurance, then please request an invoice. It is the patient's responsibility to submit claims to his/her insurance company. Please understand that Marie T. Rogers, Ph.D., Licensed Psychologist, is not a provider with your health insurance carrier. You are therefore using out-of-network benefits when seeking the services of Dr. Marie T. Rogers.

To the best of my knowledge, the information completed on this intake is accurate. By signing this form, I understand that I am agreeing with the terms outlined above.

Name of person who completed form: _____

Signature

Date