

# Kimberly Yost, JD, LPC-MHSP

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## INTAKE INFORMATION

### Please Print

Name \_\_\_\_\_

First

Middle

Last

Preferred \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to contact \_\_\_\_\_

Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Any current health issues?

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Current medication

Reason for taking

Current medication	Reason for taking

Any significant past health issues?

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Have you ever been hospitalized? Y / N

If so, where, when, and for what reason?

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How did you hear about me? \_\_\_\_\_

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As a professional courtesy, may I send a note to thank them for the referral? Y/N

*\*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*