



Tokyo Therapy Est. 1995

Prem Dana Takada MPsych.  
Clinical Psychologist

# Intake Form

Today's Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

How did you find out about Tokyo Therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status/Living Situation \_\_\_\_\_

Educational Background \_\_\_\_\_

Occupation \_\_\_\_\_ Nationality \_\_\_\_\_

Length of time in Japan \_\_\_\_\_ Why did you come to Japan? \_\_\_\_\_

\_\_\_\_\_ How long do you plan to stay? \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Contact numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Is it OK to leave a message? Y/N E-mail \_\_\_\_\_ Private Y/N

Have you had Counseling or Psychotherapy before? If so, When? \_\_\_\_\_

For how long? \_\_\_\_\_ Where/ Therapist's Name \_\_\_\_\_

What issues did you discuss? \_\_\_\_\_

\_\_\_\_\_

Was any diagnosis given? \_\_\_\_\_

\_\_\_\_\_

Was medication a part of your treatment? If so which ones? \_\_\_\_\_

Please list any medical problems/major accidents:

Past \_\_\_\_\_

\_\_\_\_\_

Current \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications or treatments? \_\_\_\_\_

Treating Doctor's Name and Phone Number \_\_\_\_\_

What are the main problems that you are seeking help for?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_