

MARCIA LUSKIN CRC LMHC
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LICENSE # 003487

Intake Form

Name: _____

Address _____

Telephone number: _____

Email Address _____

Emergency contact: _____

Telephone number: _____

Relationship: _____

Presenting
issues _____

Symptoms: _____

Medications: _____

Medical
history: _____

Surgeries: _____

**Hx of Substance
Use/Abuse:** _____

**Living
arrangements:** _____

**Hx of
trauma/abuse:** _____

**Past experience with
therapy:** _____

**Employment
history:** _____

Salary: _____

Diagnosis: _____

Fee: _____

Weekly_ Biweekly__

Comments