



ESA INTAKE

Client Name: _____ **Date:** _____
Date of Birth: _____ **Age:** _____ **Social Security #:** _____
Street Address _____
City _____ **State** _____ **Zip** _____
Email: _____
Phone: _____

Employer/School: _____
Emergency Contact/Phone number _____
Parent/Guardian (If under 18) _____ **Phone** _____
Whom may I thank for referring you _____

Please provide reason for visit today: (what is happening or is different? What stressors are you experiencing? What do you wish will be different by seeking help?)

Please give more details for the above issue you named: (When did your problem begin? How often? How does it affect your life?)

Have you ever experienced similar or other mental health symptoms before? (Treatments? Recommendations?)

Do you have any current or previous medical issues? (Have you seen a doctor or other healthcare provider?)

Are you currently prescribed medications? Please list medication, dosage and frequency)

Do you have any prior or current legal issues? (Arrests, charges, involvement with civil or criminal court, sued a healthcare provider?)

What strengths/abilities do you possess?

ESA specific:

The Federal Fair Housing Act defines a disabled person as one who has (1) a physical or mental impairment which *substantially limits* one or more of person’s major life activities, (2) a record of having such an impairment; or (3) being regarded as having such impairment. Are you aware that if you qualify for an ESA letter, this clinician will have to provide your DSM diagnoses?

YES NO

What are the major life functions that are *substantially limited* by your disability?

If you were to qualify for an ESA letter, how would your ESA alleviate or mitigate your disability or assist you in using and enjoying your home or the common facilities in the Association?

What ESA do you currently have or are planning to adopt/purchase?

Why is this specific ESA necessary - and/or are other types of animals able to capably serve the same purpose for you?

Have you attempted alternative treatment methods prior to requesting an ESA and have they been successful?

Please explain what alternative methods have been attempted and explain why or why not.

If you have not attempted other therapies/treatments, are you willing to engage in several sessions of psychotherapy prior to qualifying you for your ESA?

Please provide Dr. Mendelsohn with additional information you feel is pertinent to qualifying for your ESA:

Please print this document and bring with you to your appointment with Dr. Mendelsohn or send via email/scan to drsusie@me.com.