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Intake Form

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information. Email correspondence is not considered to be a confidential medium of communication. Please fill out this form and bring it to your first session.

Personal Information

Name: _____ D.O.B.:_____ Gender: _____

Parent / Guardian (if under 18): _____

Address: _____ City/State_____Zip_____

Phone: _____ May I leave a message on this #? _____No _____Yes

Email: _____ Preferred form of contact: _____

Marital status: Married Divorced Separated Never Married Living Together Widowed

Emergency Contact other than yourself:_____ Phone: _____

Have you previously received any type of mental healthy services (psychotherapy, psychiatric services, etc.)?

_____ No _____ Yes. If Yes, name of previous provider: _____

Are you currently taking any prescription (including psychiatric) medication? _____ No _____ Yes

If Yes, please list:

_____

_____

Heath Information

1. How would you rate your current physical health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:_____

_____

_____

2. How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing: _____

_____

3. How many times per week do you generally exercise? _____ What types of exercise /activity do you participate in? _____

_____

4. Please list any difficulties you experience with your appetite or eating problems: _____

_____

5. Are you currently experiencing overwhelming sadness, grief, or depression? _____ No _____ Yes

If Yes, for approximately how long?

_____

6. Are you currently experiencing symptoms of anxiety or panic attacks? _____ No _____ Yes

If Yes, when did you begin experiencing this? _____

7. Do you drink alcohol? _____ If so, please explain how frequently and in what amount: _____

_____

8. Do you engage in recreational drug use? _____ If so, please explain which substance(s) and frequency:

_____

9. Do you use tobacco? _____ If so, when did you first start, and current frequency of use:

_____

10. Do you drink caffeine? _____ If so, approximate frequency and amount: _____

11. Are you currently in a romantic relationship? _____ No _____ Yes If yes, how long?

_____

On a scale of 1-10, with 1 being poor and 10 being exceptional, how would you rate your relationship? _____

12. What significant life changes or stressful events have you experienced recently, if any? _____

_____

_____

_____

Family History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (such as father, grandmother, uncle, and so on).

	Please circle	List family member
Alcohol / Substance Abuse	yes / no	_____
Anxiety	yes / no	_____
Depression	yes / no	_____
Domestic Violence	yes / no	_____
Eating Disorders	yes / no	_____
Obesity	yes / no	_____
Obsessive Compulsive Behavior	yes / no	_____
Schizophrenia	yes / no	_____
Suicide Attempts	yes / no	_____

Any family history of trauma, abuse, neglect, other difficult life experiences? _____ No _____ Yes. If so, please describe: _____

_____

_____

Current Status

1. Are you currently employed? _____ No _____ Yes If Yes, what is your current employment situation?

_____

And do you enjoy work? Is there anything stressful about your current work? _____

_____

2. Do you consider yourself to be spiritual or religious? _____ No _____ Yes If Yes, please describe your faith or belief (briefly):

_____

_____

3. What do you consider to be some of your strengths?_____

_____

_____

4. What do you consider to be some of your weaknesses? _____

_____

_____

5. What would you like to accomplish out of your time in therapy? _____

_____

_____

6. Any other information I should know about you to treat you effectively?

_____

_____

_____

By signing this document, I am acknowledging that to my knowledge, the information provided is accurate and complete.

Client signature: _____ Date: _____

Parent/Guardian signature: _____Date: _____
(if under 18 years old)