

Intake Form

Thank's for completing this. It will clarify concerns and give context for working together.

I. Basic Information:

Name: _____ Birthday _____ Age _____
Address _____
Email: _____ Phone: _____
How did you hear of my services? _____

II. Presenting Concerns:

Briefly state what problems, symptoms or complaints caused you to seek help now: _____

When did these concerns/problems begin: _____

What do you believe caused the concerns/problem? _____

What will change about your thoughts, feelings and behaviors when these concerns/problems are resolved? _____

What have you already done to address these concerns/problems? _____

How do you think a therapeutic relationship can help you be more successful in resolving your concerns/problems? _____

III. Previous Treatment:

Have you received psychological or psychiatric treatment before?

Date	Name of Therapist/Psychiatrist	Nature of Problem
1.		
2.		
3.		

Please list any medications you are currently taking:

Medication	Dosage	Times Per Day	Reason
1.			
2.			
3.			

Have your parents or anyone in your family had psychological/psychiatric treatment? _____
Please be specific _____

IV. Relationships:

What is your marital status? _____ Number of times married _____
How many years have you been married/living with your current partner/spouse? _____
How would you describe your relationship? Please check one of the following:

poor fair good excellent

Describe the greatest strength in your relationship: _____

What do you wish would change _____

Please provide the following information for each of your children:

Name	Sex	Age	Where Living
1.			
2.			
3.			
4.			

Please provide the following information about your parents:

Are both your parents living? Mother _____ Father? _____ If not how/when did their death occur?

Mother: _____

Father: _____

Was your parents marriage (circle one):

 very happy happy average unhappy very unhappy

Was your home disrupted by separation _____ divorce _____ death _____

Other: _____

If yes, how old were you? _____ With whom did you live? _____

Please provide the following information about your siblings:

Name	Age	Marital/partnered status	Occupation
1.			
2.			
3.			
4.			
5.			
6.			

Are you estranged from either of your parents or siblings? If yes, please explain:

Have you/anyone in your family ever been alleged or accused of a crime? If yes, please explain:

V. Education:

Highest level of school you have completed:

Name of school

Year graduated

Highest level of school your spouse/partner completed:

Name of school

Year graduated

How did you adjust to school settings growing up? Check one:

Poor

Fair

Good

Excellent

VI. Occupation:

Place of employment: _____ Phone: _____

Position/title: _____ Length of Employment _____

Spouses' Employment _____

Position/title: _____ Length of Employment _____

List jobs held in the last 5 years and your length of employment:

Please explain what you like most about your work or your retirement.

VII. Health History

List present medical concerns:

Please name and date any operations:

Name and date any accidents:

Name and date any major losses or crises:

Ever hospitalized? _____ At what age _____ How long _____

Reason _____

Date of last physical: _____

Name of your primary physician: _____

Alcohol Usage:

of drinks in past week

drinks in a day

Type of drinks

Are you currently in recovery for substances and/or alcohol?

VIII. Religious & Social Life:

Religious preference/denomination: _____

Religious background of family: _____

Are you a member of a faith community? _____

Do you consider yourself a spiritual person? Please explain: _____

List any volunteer/community activities you are involved in:

What do you enjoy doing in your leisure time? _____

Do you have friends that you see regularly? Explain: _____

Do you have at least one person who you can confide in and talk about personal matters?

Is there anything else that could help us better understand your current concerns/problem?

Today's Date: _____

Thank you.

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