# INTAKE FORM

Please note that information you provide here is protected as confidential information.

Client Name: \_\_\_\_\_\_Last First Middle Initial Marital Status:

List all household members and ages (use back side if needed):

#### **Purpose for Visit**

What brings you into therapy at this time?

How did this issue arise?

What would you like to accomplish during therapy?

How will you know that therapy is helping and that it is good time to end therapy?

What are some of the sources of strengths or support in your life, including yourself?

What are some of the sources of stresses or obstacles in your life, including yourself?

Do you consider yourself to be spiritual or religious? If so, describe your faith or belief.

#### **Past Therapy Experience**

Have you had any prior psychotherapy or psychiatric services? \_\_\_\_Yes \_\_\_\_No When: Where: For how long:

What was the focus of previous treatment? Was it helpful? Why or why not?

Have you ever been prescribed psychiatric medication? (If yes, list & provide approximate dates and for what condition)

## **Current Health**

Please list all medication you are currently taking:

Please answer the following with on a scale of **1 to 10** with 1=Poor; 5=Average and 10=Excellent). How would you rate your  $\sim$ 

- o overall health
- o sleeping habits
- o eating habits/appetite
- o exercise habits
- o level of chronic pain or discomfort

What is your level of alcohol consumption? \_\_\_\_\_ / day \_\_\_\_\_ /week Do you use recreational drugs? \_\_\_Yes \_\_\_No How often?

Please check all that apply. Are you currently experiencing any of the following?

- Overwhelming sadness, grief, or depression \_\_\_\_\_
- Anxiety, panic attacks or phobias \_\_\_\_\_
- Mood swings \_\_\_\_\_
- Self-injurious behaviors (i.e. cutting)
- Suicidal thoughts\_\_\_\_ Suicidal plan \_\_\_\_\_

Please list any significant life changes or stressful events in the last year:

## **Family History**

Please check all that apply and identify family member's relationship to you. Is there a family history of:

Alcohol/Substance Abuse:YN Relationship to you
Anxiety: Y N; Relationship
Depression: YN; Relationship
Domestic Violence:YN; Relationship
Eating Disorders:YN; Relationship
Obsessive Compulsive Disorder:YN; Relationship
Schizophrenia: Y N; Relationship
Bi-Polar Disorder:YN; Relationship
Suicide Attempts:YN; Relationship

Is there anything else you would like me to know?