

INTAKE FORM

Please print this form and fill it out prior to our first session

Name: _____

Date of Birth: _____ Age: _____

Ethnicity: _____

Current Mailing Address: _____

Where and how are the best ways for me to reach you? (I will not identify myself as your therapist)

Cell Phone: _____

E-Mail Address: _____

Landline Phone: _____

Employment Status: _____

Level of education _____

Emergency Contact Information

Name: _____

Relationship _____ Phone: _____

Address: _____

Current Situation

Please briefly describe why you are seeking counseling:

What, if any, stressful or significant events are happening in your life right now:

Please describe any stressful or significant past life events:

Have you ever been seriously depressed, hopeless, or thought about ending your life?

Who/What are your support systems?

What are you hoping to get out of counseling?

Is there anything else I should know about you? (e.g. values, spirituality, world view, or unique challenges)

Relationship Information

Please indicate your current relationship status:

- Married _____
- Living with partner _____
- Dating Monogamously _____
- Dating more than one person _____
- Divorced/Seperated _____
- Single _____
- Other (please Specify) _____

If you have a partner, please describe your relationship with him or her:

Previous Mental Health Care

Name of previous therapist(s):

Start and end date with prior therapist and the amount of time you saw them for:

Issues you addressed:

How was your experience with prior therapy?

Medical History

Medication allergies or other allergies:

Sensitivity to scents:

Current medication(s) please include name, dosage, frequency, and reason for taking:

Any past or present major illnesses:

History of traumatic brain injury, concussion, or whiplash:

Primary care physician name and phone number:

Have you ever been hospitalized for a mental disorder? Y N

If yes, please explain:

Alcohol and Drug Use and Treatment History

Do you currently drink alcohol? Y N

If yes, please specify how much and how often:

Do you currently smoke cigarettes? Y N

If yes, please specify how much and how often:

Do you currently use drugs? Y N

If yes, please specify which drugs, how much, and how often:

Have you used drugs in the past? Y N

If yes, please specify when, how often, and what type(s):

Have you ever been hospitalized for drug or alcohol use? Y N

If yes, please specify:

Have you ever sought treatment for drug or alcohol use? Y N

If yes, please specify:

Do you or others in your life consider your drinking or drug use to be a problem? Y N

If yes, please specify:

Family and Cultural History

Please describe your relationship with your parents and siblings:

List any history of mental disorders in your family:

Please describe any cultural, ethnic, and religious issues that impact you or your family: