

# INTAKE FORM

Please provide the following information and answer the questions below.  
Please note: information you provide here is protected as confidential information.

Name: \_\_\_\_\_

Name of parent/guardian (if under 18 years): \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:

- Never Married  Domestic Partnership  Married  
 Separated  Divorced  Widowed

Please list any children/age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: ( ) May we leave a message?  Yes  No

Cell/Other Phone: ( ) May we leave a message?  Yes  No

E-mail: \_\_\_\_\_

May we email you?  Yes  No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): \_\_\_\_\_

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

- No  
 Yes, previous therapist/practitioner: \_\_\_\_\_

Are you currently taking any prescription medication?

- No  
 Yes. Please list: \_\_\_\_\_

Have you ever been prescribed psychiatric medication?

- No  
 Yes Please list: \_\_\_\_\_

## GENERAL HEALTH AND MENTAL HEALTH INFORMATION

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

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

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

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

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3. How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise to you participate in? \_\_\_\_\_

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

5. Are you currently experiencing overwhelming sadness, grief, or depression?

No

Yes

If yes, for approximately how long?

6. Are you currently experiencing anxiety, panic attacks, or have any phobias?

No

Yes

If yes, when did you begin experiencing this?

7. Are you currently experiencing any chronic pain?

- No
- Yes

If yes, please describe: \_\_\_\_\_

8. How would you describe your alcohol use? Please specify beer/wine/liquor.

9. How often do you engage in recreational drug use? Discuss drugs of choice, frequency of each.

Marijuana:  Daily  Weekly  Monthly  Infrequently  Never  Past use

Cocaine:  Daily  Weekly  Monthly  Infrequently  Never  Past use

Painkillers: (note if prescribed)  Daily  Weekly  Monthly  Infrequently  Never  Past use

Heroin:  Daily  Weekly  Monthly  Infrequently  Never  Past use

Amphetamines:  Daily  Weekly  Monthly  Infrequently  Never  Past use

Benzodiazepines: (note if prescribed)  Daily  Weekly  Monthly  Infrequently  Never  Past use

Other:  Daily  Weekly  Monthly  Infrequently  Never  Past use

10. Are you currently in a romantic relationship?  No  Yes

If yes, for how long? \_\_\_\_\_

On a scale of 1-10, how would you rate your relationship? \_\_\_\_\_

11. What significant life changes or stressful events have you experienced recently?

**FAMILY MENTAL HEALTH 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.

	<u>Please Circle List</u>	<u>Family Member</u>
Alcohol/Substance Abuse	yes/no	_____
Anxiety	yes/no	_____
Depression or other mood issues	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	_____

**ADDITIONAL INFORMATION**

1. Are you currently employed?  No  Yes

If yes, what is your current employment situation?

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Do you enjoy your work? Is there anything stressful about your current work?

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2. Do you consider yourself to be spiritual or religious?  No  Yes

If yes, describe your faith or belief:

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3. Describe your strengths.

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4. Describe things about yourself you would like to improve.

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5. Describe what drove you to seek counseling, and what you hope to gain from the experience.

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