

CLIENT INTAKE

Thank you for completing as thoroughly as is comfortable for you. Feel free to add sheets & elaborate as needed.

NAME: _____ DATE OF FIRST SESSION: _____

CONTACT(s): _____

Home Phone Cell Phone Other phone E-mail

IS IT OK TO CONTACT YOU AT ANY OF THE ABOVE NUMBERS AND/OR E-MAIL? _____

REFERRED BY: _____ BIRTH DATE: _____

ADDRESS: _____

EMERGENCY CONTACT (Name, Relationship & Number): _____

WHY ARE YOU COMING TO THERAPY AT THIS TIME? _____

PAST THERAPY (Dates, Couples/Individual & was it helpful?): _____

HAVE YOU OR A FAMILY MEMBER BEEN DIAGNOSED WITH A MENTAL ILLNESS? Please indicate who, when &

Diagnosis: _____

WHEN WAS THE LAST TIME YOU HAD A PHYSICAL? _____

CURRENT HEALTH ISSUES: _____

CURRENT MEDICATIONS & SUPPLEMENTS: _____

PAST HEALTH ISSUES: _____

LIST ALL HOSPITALIZATIONS (Medical/Mental/Emotional) : _____

ANY FINANCIAL ISSUES? _____

CURRENT EMPLOYMENT: _____

Current Position Time in Position Are you happy in this position? Y/N

EMPLOYMENT HISTORY: _____

EDUCATION: _____

ARE YOU CURRENTLY IN A COMMITTED RELATIONSHIP? _____ IF YES, SINCE WHEN? _____

PARTNER'S NAME: _____ HOW WOULD YOU DESCRIBE THIS RELATIONSHIP? _____

SIGNIFICANT PAST RELATIONSHIPS/PARTNERS (Names & Dates): _____

ARE YOU (please indicate all that may apply): _____ Adoptee _____ Adoptive Parent _____ Birth Parent/First Parent

If yes to any of the above, are you or a family member in reunion or search? Please describe: _____

CHILDREN (Ages, Issues): _____

MOTHER'S NAME : _____ Living (Y/N)? _____ If no, year of death: _____

How would you describe your relationship to her? _____

FATHER'S NAME: _____ Living (Y/N)? _____ If no, year of death: _____

How would you describe your relationship to him? _____

OTHER PARENTAL FIGURES: _____

SIBLINGS (Names & ages): _____

PETS: _____

WHO & WHAT DO YOU TURN TO FOR COMFORT? _____

DO YOU USE ALCOHOL, POT, COCAINE, METH OR OTHER DRUGS? If yes, how often? _____

DO YOU EXERCISE REGULARLY? If yes, what do you do & how often? _____

WHAT ARE YOUR SPIRITUAL/RELIGIOUS BELIEFS? _____

MAJOR LOSSES (With Year): _____

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO SHARE WITH ME AT THIS POINT? _____

