

CLIENT INTAKE FORM

Name _____
(Last) (First) (Middle Initial)

Birth Date ____ / ____ / ____ Age ____ Sex: Male ____ Female ____
Day Month Year

Marital Status: ____ Never Married ____ Domestic Partnership ____ Married
____ Separated ____ Divorced ____ Widowed

Please list any children & their ages: _____

Address _____
(Number and Street)

(City) (State) (Zip)

Mail Address (if different) _____

Home Phone _____ May I leave a message? ____ yes ____ no

Cell/Other _____ May I leave a message? ____ yes ____ no

Employer _____ Occupation _____

Emergency Contact Information

Name of Contact Person _____

Relationship to Contact Person _____

Address of Contact Person _____

Phone (H) _____ (W) _____ (C) _____

Referred by _____

May I have your permission to thank that person? Yes _____ No _____

Previous Therapy and Current Medications

Have you ever been in therapy before? Yes _____ No _____

Have you ever been treated by a psychiatrist? Yes _____ No _____

If yes, what were the approximate dates and who was your therapist/psychiatrist?

Please list any prescription medications you are taking currently. _____

Have you ever been prescribed psychiatric medication? If yes, please list and provide dates.

Alcohol & Recreational Drug Use

How often do you drink alcohol? _____

How often do you use recreational drugs?

Daily Weekly Monthly Infrequently Never

Problem that Brings You In

In your own words, what is the nature of your main problem(s)? _____

Please estimate the severity of your problem(s) in terms of how upsetting it is.

Moderate Mild Very Severe Extremely Severe

When did your problem(s) begin? _____

What seems to worsen them? _____

What have you tried that has been helpful? _____

Feelings

Check any of the following feelings that often apply to you:

- | | | | |
|------------------|------------------|----------------|-----------------|
| _____ Angry | _____ Fearful | _____ Happy | _____ Hopeful |
| _____ Bored | _____ Optimistic | _____ Annoyed | _____ Panicky |
| _____ Conflicted | _____ Helpless | _____ Restless | _____ Tense |
| _____ Sad | _____ Energetic | _____ Ashamed | _____ Relaxed |
| _____ Lonely | _____ Depressed | _____ Envious | _____ Regretful |
| _____ Jealous | _____ Contented | _____ Anxious | _____ Guilty |
| _____ Hopeless | _____ Unhappy | _____ Excited | _____ Others: |
-

What are some positive feelings you have experienced recently? _____

When are you most likely to lose control of your feelings? _____

Describe any situations that usually make you feel relaxed and calm: _____

Behaviors

Check any of the following behaviors that often apply to you:

- | | | |
|--------------------|---------------------------|------------------------|
| _____ Overeat | _____ Loss of control | _____ Phobic avoidance |
| _____ Crying | _____ Take drugs | _____ Suicide attempts |
| _____ Overspend | _____ Angry outbursts | _____ Unassertive |
| _____ Compulsions | _____ Can't keep a job | _____ Odd behavior |
| _____ Smoke | _____ Insomnia | _____ Drink too much |
| _____ Withdrawal | _____ Take too many risks | _____ Work too hard |
| _____ Nervous tics | _____ Lazy | _____ Procrastination |

_____ Can't concentrate _____ Eating problems _____ Impulsive reactions
_____ Sleep disturbance _____ Aggressive behavior _____ Other: _____

Family Mental Health History

If there is a family history of any of the following, please indicate the family member's relationship to you in the space provided.

	Please Circle	List Family Member(s)
Alcohol/Substance Abuse	yes/no	_____
Anxiety	yes/no	_____
Depression	yes/no	_____
Domestic Violence	yes/no	_____
Eating Disorders	yes/no	_____
Obsessive Compulsive Behavior	yes/no	_____
Schizophrenia	yes/no	_____
Bipolar Disorder	yes/no	_____
Suicide Attempts	yes/no	_____

Strengths, Weaknesses & Goals

What are some special skills, achievements or talents you feel proud of? _____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weaknesses? _____

What would you like to accomplish out of your time in therapy? _____

Signature

Today's Date