



Andrea Freerksen, LCSW

Therapy with Andrea

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## Intake Form

*Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. Please write clearly and bring it with you to the first session. If you do not want to answer any question, just leave it blank. Some people may find it too emotionally difficult to complete this form, and if that happens you can stop at any time without fear of disappointing the therapist. Just bring in what you are able to complete.*

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH and PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONES: H: \_\_\_\_\_ Cell: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ TYPE OF DEGREE: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

OCCUPATION (former, if retired): \_\_\_\_\_

PRIMARY INSURANCE: \_\_\_\_\_

Policy/ID No: \_\_\_\_\_ Group No: \_\_\_\_\_ Copay: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

SECONDARY INSURANCE: \_\_\_\_\_

Policy/ID No: \_\_\_\_\_ Group No: \_\_\_\_\_ Copay: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.):

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Estimate the severity of above problem: Mild \_\_\_\_ Moderate \_\_\_\_ Severe \_\_\_\_ Very severe \_\_\_\_

MARITAL STATUS: \_\_\_\_\_ OTHERS IN HOUSEHOLD: \_\_\_\_\_

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MEDICAL DOCTOR (S) (name/phone): \_\_\_\_\_

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PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, illness, etc.):

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MEDICATION HISTORY (include whether current or past):

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PAST/PRESENT DRUG/ALCOHOL USE/ABUSE AND TREATMENT:

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SUICIDE ATTEMPT/S (describe: ages, reasons, why, how, etc.):

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VIOLENT BEHAVIOR (describe: ages, reasons, why, how, etc.):

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PAST/PRESENT PSYCHOTHERAPY (specify when, for how long, therapist name/agency, reason for therapy, individual/couple/family therapy, if helpful or not, how/why it ended):

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PREVIOUS MENTAL HEALTH DIAGNOSES:

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DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE:

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TRAUMA HISTORY (violent crime, war, accident, shooting, medical trauma, abuse, etc.):

If yes, specify: \_\_\_\_\_

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DO YOU FEEL YOUR TECHNOLOGY USE IS BALANCED AND HEALTHY OR COULD IT USE IMPROVEMENT? If NO, please explain:

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ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if Yes, explain):

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FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

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COPING STRATEGIES (what do you do to calm down?):

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What gives you the most joy or pleasure in your life?

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What are your main worries and fears?

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What are your most important hopes or dreams?

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*Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.*