



# WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

## Patient Intake Form

To be filled out by individuals 14+

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ MM/DD/YYYY  
Address \_\_\_\_\_ Age \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell # \_\_\_\_\_ (XXX)-XXX-XXXX  
Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ (XXX)-XXX-XXXX

### For clients under 18 years of age:

Name of parent/legal guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of parent/legal guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

### PATIENT DEMOGRAPHICS

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex/gender: \_\_\_\_\_

Who do you live with: \_\_\_\_\_

# of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

### EMPLOYMENT INFORMATION:

☐ Full-time at: \_\_\_\_\_ Position: \_\_\_\_\_  
☐ Part-time at: \_\_\_\_\_ Position: \_\_\_\_\_  
☐ Not working because: \_\_\_\_\_  
☐ On sick leave, as of this date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

### ACADEMIC INFORMATION:

☐ Not attending school. Highest level completed: \_\_\_\_\_  
☐ Full-time at: \_\_\_\_\_ Grade/year: \_\_\_\_\_  
Program: \_\_\_\_\_  
☐ Part-time at: \_\_\_\_\_ Grade/year: \_\_\_\_\_  
Program: \_\_\_\_\_

### PSYCHIATRIC & MEDICAL HISTORY:

Name of Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Last check-up: \_\_\_\_\_ MM/YY  
Results: \_\_\_\_\_  
\_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_ Last check-up: \_\_\_\_\_ MM/YY  
Results: \_\_\_\_\_  
\_\_\_\_\_



## WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

# Patient Intake Form

To be filled out by individuals 14+

**Please list any psychiatric or “mental” problems you have been diagnosed with:**

---

---

**Please list any medical or “physical” problems that you have been diagnosed with:**

---

---

---

**Please list any medications you currently take, and what you take them for:**

---

---

---

---

## MENTAL HEALTH TREATMENT HISTORY

**Have you ever been hospitalized for psychological or psychiatric reasons?** ☐ No ☐ Yes

**If yes, please describe when and where you were hospitalized, and for which reasons.**

---

---

---

**Please tell us about any other mental health professionals you have consulted with in the past (approximate dates, type of professional seen, reason for the consultation, nature of the treatment, outcome of the treatment).**

---

---

---

---

---

---

**The Reason For Your Visit:**

---

---

---

---



## WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

# Patient Intake Form

To be filled out by individuals 14+

**How intense is your emotional distress? (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)**

**Please describe:**

---

---

**Overall, how much do the problems affect your ability to perform at work or school, get along with others, and perform daily tasks such as chores? (Mildly disruptive) 1 2 3 4 5 (Incapacitating)**

**Please describe:**

---

---

**When did these problems start? What was going on in your life at that time?**

---

---

---

---

---

## CURRENT HABITS

**Please describe your current habits in each of the following areas:**

Smoking: \_\_\_\_\_

Gambling: \_\_\_\_\_

Drinking: \_\_\_\_\_

Drug use: \_\_\_\_\_

Caffeine intake: \_\_\_\_\_

Exercise: \_\_\_\_\_

Eating: \_\_\_\_\_

Sleeping: \_\_\_\_\_

Fun and relaxation: \_\_\_\_\_



## WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

# Patient Intake Form

To be filled out by individuals 14+

## RELATIONSHIPS

**Please describe your relationships with each of the following people, if applicable:**

Biological Mother: \_\_\_\_\_

Biological Father: \_\_\_\_\_

Step-parents: \_\_\_\_\_

Legal guardians: \_\_\_\_\_

Siblings: \_\_\_\_\_

Extended family: \_\_\_\_\_

Your children: \_\_\_\_\_

Friends: \_\_\_\_\_

Romantic partner(s): \_\_\_\_\_

Colleagues or classmates: \_\_\_\_\_

Total number of close, supportive relationships: \_\_\_\_\_

## STRESSFUL LIFE EVENTS

**Please describe any current significant or stressful life events that you have been experiencing:**

Economic Problems? ☐ YES ☐ NO \_\_\_\_\_

Difficulty accessing health care? ☐ YES ☐ NO \_\_\_\_\_

Legal issues or crime? ☐ YES ☐ NO \_\_\_\_\_

Cultural Issues? ☐ YES ☐ NO \_\_\_\_\_

Family conflict or lack of support? ☐ YES ☐ NO \_\_\_\_\_

Social problems? ☐ YES ☐ NO \_\_\_\_\_

Educational or occupational problems? ☐ YES ☐ NO \_\_\_\_\_

Housing problems? ☐ YES ☐ NO \_\_\_\_\_

Greif or bereavement? ☐ YES ☐ NO \_\_\_\_\_

Other? ☐ YES ☐ NO \_\_\_\_\_



## WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

# Patient Intake Form

To be filled out by individuals 14+

**What are your positive qualities and skills? What do you like about yourself? What qualities have helped you to succeed at overcoming difficulties in the past?**

---

---

---

---

---

**Please tell us about your plans for the future (career, personal, etc.)**

---

---

---

---

---

**How motivated do you feel to work on things in therapy?**

---

---

---

---

---

**What are your goals for therapy? What would you like to achieve by attending therapy?**

---

---

---

---

---

**What concerns do you have about attending therapy or working on these problems?**

---

---

---

---

---

**Is there anything else that you would like to mention?**

---

---



## WELL MIND THERAPY

Transforming Lives Through Compassionate  
Counseling & Care

Wajeeha Khan, LMFT, 97158  
12677 Acosta Blvd #372, Bishop Ranch 15,  
San Ramon, CA 94583  
wellmindtherapy.org  
info@wellmindtherapy.org  
510-697-3460

# Patient Intake Form

To be filled out by individuals 14+

Well Mind Therapy is committed to maintaining the confidentiality and privacy of all client information. The details provided in this intake form are intended solely for assessment and treatment planning purposes. Submission of this form does not establish a therapist-client relationship until an initial consultation has been completed and a formal agreement for services has been established.

While all reasonable measures are taken to ensure the security of electronic communications, it is important to acknowledge that no system is entirely risk-free. If you have concerns regarding the confidentiality of your information, please contact our office to discuss alternative methods of providing your details.

This form is not intended for emergency situations. If you are experiencing a mental health crisis, have thoughts of self-harm, or require immediate assistance, please call 911, contact a crisis hotline, or visit the nearest emergency room.

By submitting this form, you acknowledge that you have read and understand the terms outlined above.

---

Patient's Full Name

---

Patient's Signature

---

Date