**INTAKE FORM**

Name: Date of Birth: SSN:

Address: City: State: Zip:

Home Phone: Cell Phone:

E-mail: ֎ Circle to leave a detailed message

Marital Status: Spouse’s Name:

Gender/Pronouns: Sexual Orientation\*:

Ethnicity: Spirituality\*:

Presenting concerns:

Time of Onset: Ways you’ve attempted to address the issue:

Other current stressors:

Place of Employment: Position:

Work Phone: Total Gross Monthly Income\*: Only if reduced rate is requested

Name(s) and age(s) of others living in the home:

Sibling(s) and age(s):

Relationship concerns:

How did you find me?:

Circle One: ֎ Internet Search ֎ Psychology Today ֎ Word of Mouth ֎ Website ֎ Other

Previous Therapist: Date:

Previous Concerns:

Past Trauma(s):

Known Mental Health Concerns in Your Family:

Name of Present Physician: Phone:

Physical Health (circle one): ֎ Excellent ֎ Good ֎ Fair ֎ Poor ֎ Very Poor

Last Exam Date:

Physical Health Diagnoses:

Medications/Dosages:

Safety Assessment (circle all relevant statements):

֎ Sometimes I think about harming myself.

֎ I have physically harmed my body.

֎ Sometimes I feel as though life is not worth living.

֎ Sometimes I think about harming others.

Person to contact in the event of an emergency:

Relationship: Phone:

Payment Plan: I agree to pay by check $\_\_\_\_\_\_\_\_\_\_per 45 minute session & mail it to Donna Southworth LCSW @ the above address (Please sign & date here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1-15-2021 updated

\*Items marked with asterisk are intended to provide additional information which may be of use to the therapist. If you are uncomfortable answering these questions, they may be ignored during the filing of this form, but may still crop up in the course of our work together. For example, the “Gross Monthly Income” question refers to the “sliding scale” payment arrangements as mentioned on the website.