**Alison Guida Smith, MFT**

**License # 48932**

**1640 School St., Suite 105-M7, Moraga, CA 94556**

**tel. 415-870-4174**

**CLIENT INTAKE FORM**

*Please fill out to the best of your ability. If there are things you prefer to discuss in person*

*rather than note here, please do so. If you feel too triggered to answer something, please feel*

*free to skip it and let me know that in person if you can.*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_

Full Address\_\_\_n/a\_\_*see consent form*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone\_\_*see consent for*m\_\_\_\_\_\_\_\_\_\_\_\_ Preferred E-mail\_\_\_\_\_\_\_\_\_\_\_\_
Preferred Email (parent/caregiver #2 if applicable)

Gender \_\_\_\_\_\_\_

Preferred Pronouns (she/they/he)\_\_\_\_\_\_ Sexual Orientation\_\_\_\_\_\_\_\_\_

Primary/Preferred Language:\_\_\_\_\_\_\_\_\_\_\_\_ Second languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you live with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical History**

General Health (including current pain and/or treatment)

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Doctor Name & tel # in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now under a doctor’s care? If yes, name of doctor/tel #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for doctor’s care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any medication?

If yes, describe name/dosage and frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last medical examination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last dental exam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for a physical illness?

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for a mental illness?

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any recent major illnesses or surgeries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any recurrent or chronic conditions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any past or current alcohol or drug use?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any drug addiction history?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caffeine use/frequency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herbs or Alternative Medicine (acupuncture, reiki, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any Previous Therapy/Counseling? If yes, describe, when, where, how long, what

for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Work History and Education**

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If presently unemployed, describe the situation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental History**

Describe any significant events in prenatal/birth/early childhood as well as any enduring

developmental or cognitive difficulties (include motor, sensory, communication, birth weight,

prenatal care issues, substance exposure, labor and delivery issues) if you know them, and the

health of your mother in pregnancy and your childhood.

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Describe any significant events in Latency stage (ages approx. 5-puberty) related peer/sibling

relations, extracurricular activities, behavioral issues/criminal activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any significant events in Adolescence (include onset of puberty, extracurricular

activities, teen parenthood, etc.)

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If you are age 16 or older, describe any significant events related to independence, personality,

intimate relationships, medication compliance or educational obtainment.

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**Family Systems Information**

Your Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_

Married/Single: \_\_\_\_\_\_\_\_\_\_\_\_\_

Living with a partner?\_\_\_\_\_\_\_\_\_How long\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents:

Father alive?\_\_\_\_ Where residing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother alive?\_\_\_\_ Where residing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings:.

Name\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Name\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Name\_\_\_\_\_\_\_\_\_ Age\_\_\_\_

Name\_\_\_\_\_\_\_\_\_ Age\_\_\_\_

Are you a victim of domestic violence? (Past or present)?

History of Family Alcoholism or Domestic Violence (current or past)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Sexual Abuse (current or past)?\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents divorced? If yes, what year\_\_\_\_\_ Your age at the time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If deceased, what year? Your age at the time. \_\_\_\_Cause of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any step-parents? If yes, describe when and your relationship with them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If reared by someone other than your birth parents, describe the situation (nanny, grandparents,

foster parents, other

caregivers):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Religious/Spiritual History**

Religious/Spiritual upbringing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Affiliation/Spirituality/Spiritual Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an important part of your life -Why/why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emotions/Behaviors**

Are you currently experiencing strong emotions or problematic behaviors or psychological

symptoms? If yes, describe.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you have what you would consider to be childhood or other adult traumas*? If yes, describe*

*briefly if you are comfortable doing so here. You may also write “yes” and not describe any*

*details or write something general like “accident” or “abuse” only for example. Or write “will*

*share in person.”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had any thoughts of suicide? If so, when? Do you have any thoughts now? Any past

attempts or plans and intent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Present Situation**

Please state why you decided to come for therapy?

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What are your perceptions of the ‘problem’ if any?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would you like to experience that is different from what you are experiencing

now\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long has this been a concern for you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your strengths or supports? (professional, academic, social, emotional, intellectual,

spiritual, physical, community, family)

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What are your challenges?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who are important people in your life (friends, grandparents, teachers, mentors, loved

ones)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to achieve in therapy? Specific goals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_

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Please tell me anything you want me to know via this form that I didn’t ask yet.

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