

NYCCC
516 343 2350

INTAKE FORM

Please provide all relevant details requested below. Ensure accuracy to facilitate processing and timely assistance.

Name _____

Date of Birth _____

Marital Status _____

Best phone number to reach you _____

Email address _____

Home address _____

Have you ever been in therapy before? Yes No

If yes, what was the latest year you were in therapy? _____

Have you ever received a mental health diagnosis? Yes No

If yes, what was the diagnosis? _____

Are you currently seeing a psychiatrist? Yes No

If so, who is the psychiatrist? _____

Are you currently taking any medications for a psychological condition? Yes No

If so, what medications are you taking? _____

Have you ever attempted suicide? Yes No

If so, when? _____ -

Highest Level of education _____

Are you currently employed? Yes No

If yes, what is your current title _____

What is your religious affiliation? _____

What are your favorite hobbies? _____

How often are you able to participate in your hobbies? _____

Briefly describe what brings you to therapy.

Please list your goals for therapy

1. _____

2. _____

3. _____

Please describe anything else that you want me to know