

Lotus Mental Health & Wellness Intake Form

Legal Name: Last_____ First_____ Middle_____

Preferred Name to be called: _____

Date of Birth (mm/dd/yyyy): _____

Preferred phone: _____ Ok to leave message or text? Y or N

Preferred email: _____

Home Address: _____

Occupation: _____

Relationship Status: Single Engaged Married Common-Law Separated Divorced Widowed

Sex: Male Female Non-Binary Prefer Not to Answer

Sexual Orientation: Heterosexual LGBTQ Prefer Not to Answer

Race or Ethnicity (optional): _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Have you ever or are you currently seeing another psychologist/therapist? Yes No

If so, for what reason (Write NA if No)? _____

What is the main reason you are seeking therapy now? _____

What do you hope to accomplish via therapy? _____

Are you currently on any medication; if so which? _____

Have you ever or do you currently have thoughts of harming yourself or others? Yes No

Do you drink alcohol? Yes No How many: _____ Day _____ Week _____ Month

Do you use recreational drugs? Yes No How often: _____ Day _____ Week _____ Month

Have you ever been hospitalized for mental illness reasons? Yes No

If so, provide the reason: _____

Is there a history of mental health issues in your family? Yes No Unknown

If so, who and what? _____

Examples: depression, anxiety, alcoholism or substance, suicide, bipolar, borderline

Have you ever been physically, sexually, or emotionally abused? Yes No

If so, by whom? _____

Acknowledgement:

I certify that I have read and understand the above questions and accurately answered them to the best of my knowledge.

Client Signature: _____ Date: _____

Lotus Mental Health & Wellness uses an integrative approach to health, drawing upon mindfulness, cognitive-behavioral, and family systems. Therapy is collaborative with the client and therapist participating as equal partners in treatment. Additional wellbeing services utilize mind and body techniques through meditation, yoga, or others.

Clients have the right to participate in the ongoing counseling plans, to refuse any recommended services, and to be advised of the consequences of such refusal. Disclosure to others of information from client records only occurs with the written consent of the client and/or when required by law or if a client poses a threat of harm to self or others.