

**Leslie Johannes, MEd, LMFT, CST-T**  
**Jungian Psychotherapy, Personal, Relationship and Sandplay Therapy**  
**AAMFT Approved Supervision**

Northshore of Tacoma, WA, 98422, near Brown's Point

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**Intake Evaluation**

Today's Date \_\_\_\_\_ Referred by \_\_\_\_\_

**Services sought**   ☐ Individual adult   ☐ Family   ☐ Couple   ☐ Co-parenting   ☐ Parent coaching   ☐ Supervision  
☐ Personal Sandplay process   ☐ Sandplay consultation

**Personal and Contact Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

(Please circle phone number you prefer that I call and where it's okay to leave a confidential voice mail message for you)

Home/Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

National and/or ethnic origin (optional) \_\_\_\_\_

Gender   ☐ Female   ☐ Male   ☐ Other (please describe) \_\_\_\_\_

**Marital Status**   ☐ Single   ☐ Years Partnered or Married   ☐ Years Separated   ☐ Years Divorced

Name and relationship of emergency contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

**Your Training and Employment**

Occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Employer/Business \_\_\_\_\_

Academic education and/or Occupational training:

**Physical and Mental Health History**

Physical health self-rating:   ☐ Physically fit   ☐ Very good   ☐ Average/OK   ☐ Poor

Approximate date of last physical exam \_\_\_\_\_ Any health concerns? ☐ Yes   ☐ No   If "Yes", please describe:

Your physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Office Address \_\_\_\_\_

**List medications** being taken currently and 1) describe purposes and 2) include dosages:

List and date important illnesses, surgeries, or injuries, including complicating events

**A. Psychotherapy or analysis** previously engaged in ☐ None ☐ Once ☐ More than once

1) Name(s) of professional(s), 2) approximate dates, and 3) years in therapy. *Please include if it was useful and why or why not:*

**Have you ever been or are you now being mistreated or abused?** ☐ Yes ☐ No ☐ Not sure

☐ Verbally/Emotionally/Mentally ☐ Physically ☐ Sexually ☐ Other ☐ Neglected ☐ Micro-managed  
If yes, please describe:

**Have you ever been or are you now dependent on substance(s)?** ☐ Yes ☐ No ☐ Not sure

If yes, please describe:

**Have you ever witnessed or been involved in a traumatic event(s)?** ☐ Yes ☐ No ☐ Not sure

If yes, please describe briefly:

**Have you had a serious mental/addictive disturbance or "breakdown"?** ☐ Yes ☐ No ☐ Not sure

If yes, please describe:

If yes, were you hospitalized? ☐ Yes ☐ No For how long? \_\_\_\_\_

Psychiatrist name \_\_\_\_\_ Facility/Hospital \_\_\_\_\_

Circumstances/Comments:

**Marital/Parenting History**

Spouse's/Partner's name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Biological, adopted, or stepchildren of current marriage/partnership**

| Name | Age and Gender | Comments (adopted, step or bio) |
|------|----------------|---------------------------------|
|------|----------------|---------------------------------|

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**Former Spouse's name** \_\_\_\_\_ DOB \_\_\_\_\_

Dates of marriage \_\_\_\_\_ to \_\_\_\_\_ Your Ages when married \_\_\_\_\_

Comments

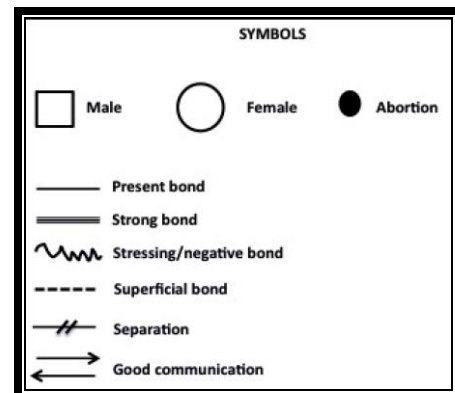
**Children of previous marriage(s) and former spouse/partner names**

| Name | Age and Gender | Partner Name | Comments (step or bio) |
|------|----------------|--------------|------------------------|
|------|----------------|--------------|------------------------|

**Family History (Family of Origin – FOO)**

Please create here or on the back of this page a **3-generation family tree or map**.

You may want to consider using these symbols:



*Please include:*

- *yourself, your spouse, your siblings, step-parents and step siblings*
- *your children*
- *your parents and their siblings, step siblings, spouses*
- *grandparents, spouses*
- *moves, divorces, illnesses, deaths, life challenges as they occurred for each person*
- *please also include relatives and step-relatives who live or have lived in your household*

**Therapeutic Work**

What are your favorite stories, movies, myths, legends, or fairy tales? Now and as a child

Name personal hero(s) or heroine(s) – mythical, literary, or real-life experiences – and explain their significance

What are the challenges, concerns, issues or problems you would like to address in therapy?

What do you hope to accomplish by engaging in therapy?

What concerns or hesitations do you notice as you consider engaging in therapy?