

**INNERWORKINGS  
SELF REPORT INTAKE**

Please give precise and complete answers to every section of this form. If necessary, write additional information on the back of this sheet and initial notes.

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>(H)PHONE:</b> <b>(W)PHONE:</b> <b>(C) PHONE:</b> At which number can a message be left?
<b>DATE OF BIRTH:</b>	<b>AGE:</b>
<b>PLACE OF EMPLOYMENT:</b>	<b>POSITION:</b>
<b>MARITAL STATUS:</b>	
<b>WITH WHOM DO YOU RESIDE:</b>	
<b>NAME AND AGE OF DEPENDENTS:</b>	
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY:</b>	
<b>ADDRESS:</b>	<b>TELEPHONE:</b>
<b>RELATIONSHIP:</b>	
<b>Who referred you to Innerworkings?</b>	
<b>PHYSICAL HEALTH</b>	
Last Physical Check-up:	
Present Medical Condition(s):	
Prescribing Physician:	
Describe Your Eating Habits & Appetite:	
Sleep Patterns:	
<b>THE IDENTIFIED ISSUES(S)</b>	
1. WHAT ISSUE(S) ARE YOU PRESENTLY DEALING WITH AND/OR WHAT DO YOU WANT HELP WITH WHILE AT INNERWORKINGS? HOW DOES THE IDENTIFIED ISSUE IMPACT YOU? DOES IT IMPACT YOUR DAILY FUNCTIONING? PLEASE GIVE EXAMPLE(S):	

## SELF REPORT INTAKE

NAME:

### 2. HOW DO YOU DEAL WITH OR HAVE DEALT WITH THE ABOVE CONCERN?

### 3. ARE YOU STUGGLING WITH ANY OF THE FOLLOWING (PLEASE CIRCLE ALL THAT APPLY TO YOU):

A. DEPRESSION, SADDNESS, EMPTINESS, HOPLESSNESS, WORTHLESSNESS, ANGER, RAGE	F. ANXIETY/ SHAKINESS/ PANIC/ FEAR of:
B. DE/INCREASED ENERGY and/or <>MOTIVATION	G. COMPULSIVE BEHAVIORS
C. DE/INCREASED APPETITE	H. PROBLEMS CONCENTRATING
D. THOUGHTS OF HURTING SELF/OTHERS	I. CANNOT CARE FOR SELF/FAMILY
E. ALCOHOL/DRUG USE (ILLEGAL AND OR PRESCRIPTION)	J. NAUSEA/VOMITTING, SWEATS, HEADACHE, SIGHT, SOUND, SKIN SENSITIVITIES

### 4. FAMILY HISTORY

Where were you born, and raised? Who cared for you?

Describe family atmosphere growing up (circle one): Loving Supportive Non-Supportive Conflictual  
Chaotic Abusive Other:

How would you describe your childhood (circle one): Traumatic Painful Uneventful Other?

How were you disciplined?

Describe your relationship with parent(s) then and now and with siblings:

Is there a history of alcohol and or drug use in your family? Yes No  
If yes, please specify which relatives & what substances:

Is there a history of mental health illness in your family? Yes No  
If yes, please specify which relatives & what the diagnosis is:

### 5. PRESENT RELATIONSHIPS

Describe atmosphere in present home (circle one): Loving Supportive Non-Supportive Conflictual Chaotic  
Abusive Other:

Are you happy with the present living arrangement? Yes No  
Please explain:

Do any of the people you live with drink or use drugs? Yes No  
Please explain:

## SELF REPORT INTAKE

**NAME:**

**PRESENT RELATIONSHIPS CONTNUED - CHILDREN** (Describe relationship with them; your method of discipline):

**6. SOCIAL & SPIRITUAL BACKGROUND**

Do you have satisfying relationships? Who is support system?

Are you satisfied with your present spiritual life? Do you attend church/temple/mosque or a house of worship?  
Does it influence your life? How?

**7. SCHOOL HISTORY** (Highest level of education achieved; School experience):

**8. WORK HISTORY**

Are you currently employed? Yes No

How long at this job? Type of work:

If not employed, what types of work have you done in the past?

If currently employed, are you on leave, probation, and warning or in any way at risk of losing your job?

**9. LEGAL HISTORY** (Charges; Bankruptcy; Civil Suits; Child Custody Issues):

**WHAT DO YOU EXPECT TO OBTAIN FROM YOUR EXPERIENCE AT INNERWORKINGS?**

**SIGNATURE:** (PLEASE SIGN FORM; INFORMATION GIVEN IS TRUE & COMPLETE)

**DATE:**