

CONFIDENTIAL INTAKE FORM

Contact Information

Name: _____ Date of Birth: _____
Address: _____
City: _____ Home Phone: _____
Work/Cell Phone: _____ May I leave a message? _____
Email address: _____ May I contact you by email? _____

Family Information

Marital Status: Single Engaged Living Together Remarried Widowed
 Married Divorced Separated

Spouse/Partner Name: _____
Names and ages of children: _____
Are your parents living? _____
Number of siblings and your place in birth order: _____

In case of Emergency Contact: _____

Health History

Please indicate your major stressors over the last 12 months:

___ Serious illness or injury ___ Death of a close friend or family member
___ Major illness in family ___ Gain of a new family member

Other (please elaborate):

Do any of your relatives have a history of mental illness? _____
If yes, please explain: _____

Have you ever received psychological or psychiatric counseling before? ___ Yes ___ No
When? From Whom? Purpose? Results?

Are you currently taking or have you ever been prescribed any medications, herbs or
supplements for depression or any other mental health condition? ___ Yes ___ No
When? Prescribing Clinician? What medication? For What? Results?

Are you currently taking any medications? ___ Yes ___ No

Please describe: _____

Have you ever been in a drug, alcohol or other treatment program? ☐ Yes ☐ No

When? Where? For What Reason? Outcome?

Do you currently drink alcohol? ☐ Yes ☐ No

How much/how often: _____

Do you currently use recreational drugs? ☐ Yes ☐ No

How much/how often: _____

Do you feel you have a problem with alcohol or drugs? ☐ Yes ☐ No

Overall physical condition: ☐ Very Good ☐ Good ☐ Average ☐ Poor Recent

weight gain or loss: _____

List any surgeries, accidents or serious illnesses and dates: _____

Have you ever been hospitalized in the last year for any reason? ☐ Yes ☐ No When?

Where? For What Reason? Outcome?

Have you ever attempted or considered suicide? ☐ Yes ☐ No

If yes, please provide some details: _____

Do you or have you practiced in cutting? ☐ Yes ☐ No

If yes, please provide any comments or thoughts: _____

Relational History

What were the are 5 defining events for each stage of your life?

Early years (0-5)

School age (5-12)

Teenage (12-18)

Young adult (18-25)

Adult (25-current)

How do you view emotions such as anger, sadness, fear, joy, and disgust?

How do you behave with relation to the above emotions?

How do you currently cope with stress?

What are your expectations of therapy?

What is your commitment to therapy?

What are your specific goals of therapy?

How will you know that you have met those goals?

How long do you believe it will take to attain your goals of therapy