

Personal information and intake questions

Date:

Name/pronouns:

DOB:

Residential address:

Other addresses you may be during telehealth sessions:

Phone:

E-mail:

How do you prefer to be contacted?:

Sex:

Gender:

Sexual Orientation:

Partner status:

Ethnic background:

Emergency contact person (someone who lives with you or is local to you):

Emergency contact phone:

Your Relationship to Emergency Contact Person:

Please answer the following questions. If you don't feel comfortable answering them here, just leave them blank.

Please list approximate dates and duration of any previous therapy you have had, along with the general reasons you sought help:

Please list all current medications and dosages:

Please list all medical or physical conditions for which you currently receive treatment:

Alcohol: How much/often do you drink? Do you have any concerns about alcohol use?

Recreational drugs: What do you use/how often? Do you have any concerns about drug use?

Is there anything else that is important for me to know? Also feel free to elaborate on any of the questions above.

