

Confidential Intake Form

Name: _____ Today's Date _____

Demographic Information

Please fill out what you feel comfortable answering at this time.

Ethnicity:

Do you understand languages other than English? If so, which one(s)?

Disabilities:

Gender:

Sexual Orientation:

Partner(s)/relationship Status:

Occupation:

Referral Information

How did you hear of my practice?

- Web search engine
- Psychology Today Therapist Search
- Family/Friend
- Other professional service provider
- Other

If you were referred to me by a professional, may I let the person know that you came to see me? Yes No

Reason(s) for seeking therapy:

For what problem are you seeking help?

Please estimate the severity of the problem for which you are seeking care:

Mild

Moderate

Severe

Very Severe

What type of support are you seeking for at this time? (Examples: "I just want to talk and be listened to." "I need practical tools to deal with my everyday stress." "I want to get to the cause of my problem by addressing my old wounds.")

What do you consider as your strengths?

Health Information

Do you have any injuries or ailments that limit your flexibility/mobility in any way? If yes, please describe.

Do you have any medical conditions? If yes, please describe.

Are you currently taking any medications? If yes, please list names, dosages, and prescribing doctor.

Do you have any previous suicide attempts, self-harming behaviors, violent behaviors or psychiatric diagnoses? Please indicate age, circumstances, and whether it led to hospitalization or legal problems.

How much do you use/consume these items per week on average?

Alcohol

Marijuana

Painkiller medications (please list)

Other controlled substance (please list)

Have alcohol, medications, and/or any other substance use ever affected your life? Please describe.

Have you previously been in psychotherapy? When and for what issues? What was helpful or not helpful?

Relationships

Current Spouse/Partner(s) information: first name(s), age, a brief description of your relationship satisfaction.

Do you live with others? What is their relationship to you?

Please list the people who give you emotional support: first name(s) and relationship.

Other

Please add any additional information that may be helpful to our work together.