

NEW CLIENT INTAKE

Contact Information:

Name: _____

Address: _____

Street City State Zip code

Best Phone # (where I can leave a message): _____

Email: _____

Date of Birth: _____ Current Age: _____

Emergency Contact Info/Relation to you: _____

Highest grade achieved in school/which degree: _____

Occupation: _____ Rank your enjoyment of work (1-10, 10 is highest): _____

Referred by (if any): _____

Family information:

List the first name and age, oldest to youngest, of each family member in the spaces below. In the Other Info. Column please use ONE word to describe the family member. If any of them are no longer living, write the cause of death in the Other Info. column and the year they died.

Family of origin	Name	Age	Occupation	Other Info	Died
Mother					
Father					
Oldest <input type="checkbox"/> Brother <input type="checkbox"/> Sister					
Next <input type="checkbox"/> Brother <input type="checkbox"/> Sister					
Next <input type="checkbox"/> Brother <input type="checkbox"/> Sister					
Next <input type="checkbox"/> Brother <input type="checkbox"/> Sister					

Current Family	Name	Age	Occupation	Other Info	Died
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner					
Oldest <input type="checkbox"/> Son <input type="checkbox"/>					
Next <input type="checkbox"/> Son <input type="checkbox"/>					
Next <input type="checkbox"/> Son <input type="checkbox"/>					

Are you: Married Single Separated Divorced Widowed Living together

Prior partnerships or marriages

Name	When and duration	What happened

Early Recollections

Print or type three early recollections. An early recollection is a memory of a very SPECIFIC INCIDENT that occurred when you were a child. Give your approximate age and describe how you felt.

Early Recollection #1 Age _____

How you felt _____

Early Recollection #2 Age _____

How you felt _____

Early Recollection #3 Age _____

How you felt _____

In ONE sentence, please describe:

1) Your childhood

2) How were you parented:

3) Your relationships with mother and father

4) Your relationships with siblings

5) Your relationship with your children:

6) Your current relationship

What are the 5 most traumatic events in your life?

1. _____

2. _____

3. _____

4. _____

Any history of:

€ Alcoholism

€ Domestic Violence

€ Suicide/Suicide Attempts

€ Substance Abuse

€ Eating Disorder

€ Serious Mental Illness

€ Depression/Anxiety

€ Sexual Abuse

Medical Information:

Please indicate any current medical problems and prescribed medication:

Substance abuse history:

How frequently do you use marijuana? _____

How frequently do you drink alcohol? _____

Do you use any other drugs including opiates or cocaine? _____

Have you ever been treated for substance abuse or been involved in 12 step program? _____

Mental Health history:

Please indicate mental-health problems and diagnosis: _____

List dates of prior experiences with psychiatrists and/or therapy: _____

List dates of prior psychiatric hospitalizations: _____

Name and phone number of your psychiatrist: _____

Religious Affiliation, if any: _____

Spirituality is: ___ Very important to me ___ Somewhat important ___ Not really very important

How do you feel these days?:

On a scale of 1-10 with 10 being the best, how would you rate the following:

- Your physical health? 1 2 3 4 5 6 7 8 9 10
- Your eating habits? 1 2 3 4 5 6 7 8 9 10
- Your sleeping habits? 1 2 3 4 5 6 7 8 9 10
- Your exercise habits? 1 2 3 4 5 6 7 8 9 10
- Your satisfaction with your relationship? 1 2 3 4 5 6 7 8 9 10

These days I am mostly feeling (circle one):

- MAD/ANGRY/FRUSTRATED
- SAD/DEPRESSED
- AFRAID/ANXIOUS/WORRIED
- GLAD/JOYFUL
- GUILTY/REMORSFUL/ASHAMED

Why did you decide to start therapy at this particular point in time:

This is how I cope with stress in my life: _____

This is how I avoid dealing with problems in my life: _____

What are the 3 biggest challenges in your life at this point in time:

- 1) _____
- 2) _____
- 3) _____

What I like the most about my life right now is: _____

What are your strengths? _____

What are your weaknesses? _____

What will be different in your life when you complete therapy?

What I want to ask my therapist is:

Is there anything else you would like me to know?
