

CLIENT INTAKE FORM

Demographic Information

Name: _____ Today's Date: _____

DOB: _____ Age: _____ Birthplace: _____ Gender: _____

Sexuality: _____ Ethnicity: _____ Marital Status: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Would you prefer text or voicemail for scheduling purposes? ___ Text ___ Voicemail

*Would you like to receive a monthly e-newsletter with relevant resources to support your progress?
(Your information is kept confidential and not shared with anyone.)* ___ Yes ___ No

How Have We Come to Meet?

How did you find me? _____

What are the 3 biggest concerns you have right now? How long have each been going on? Put them in order of importance:

1. _____
2. _____
3. _____

What do you think those who care about you would say their concern(s) is/are in regards to you?

What solutions (helpful or unhelpful) have you tried to resolve your concerns?

Have you had therapy in the past? If so, with whom and when? What reasons did you attend therapy for? Please share about your experience. What was helpful or unhelpful, or unsure?

Change is Coming...

What are your expectations from therapy? What are your expectations of the therapist?

Looking into the future, how will you know that our work and time together has been worth it? List concrete changes you will want to see:

What other things would you like to see change in your life (family, career, health, relationships, etc.)?

Do you foresee any obstacles to achieving your goals or the desired changes?

How long do you think therapy will need to last to achieve your goals? Write down a target date:

List 5 strengths about yourself or that others say about you, give examples of each:

1. _____
2. _____
3. _____
4. _____
5. _____

Is there anyone who you would like to join some of your sessions either now or in the future?

Medical & Wellness Information

What do you do for wellness (i.e. healthy food choices/exercise; limits on TV/electronics/work; managing stress/family time, etc.)? Please give examples:

Have you ever received psychiatric services before? YES NO
If yes, how long ago, with whom, for what? List medications prescribed and results:

Do you have any allergies (food, environmental, medicinal, animal, etc.)

Do you have any current or past medical issues, hospitalizations, accidents, injuries or surgeries? If yes, what?

Is there a family history of the above medical issues/concerns?

Are you presently under a physician's/psychiatrist's care? If so, for what reason?

Is there anyone in your life that is currently dealing with a medical issue that you are concerned about? If so, whom, for what?

In the past year, have there been any changes in your life? (i.e.: moves, appetite, sleep, health, family, overall functioning)?

List any medications (over-the-counter and/or prescribed). Nutritional or Herbal supplements. Alternative treatments (acupuncture, chiropractic, etc.) you are taking/doing and the reasons:

Important Questions We Must Ask

Have you ever had thoughts of killing yourself? YES NO

If yes, please explain:

Have you ever planned on killing yourself? YES NO

If yes, please explain:

Have you ever attempted to kill yourself? YES NO

If yes, please explain:

Has anyone in your family or close to you died by suicide? YES NO

If yes, please explain:

Have you ever felt you wanted to seriously harm or kill someone else? YES NO

If yes, please explain:

Do you have weapons in your home or access to weapons? YES NO

If yes, who has access to them and what are the safety protocols around them?

Is there any history or current presence of abuse or violence? YES NO

If so, please explain:

Are you currently using any illegal drugs, or prescription medications in a way other than is prescribed?
Or, is the reason you are seeking therapy services substance related? (i.e. decrease alcohol consumption)

Have you ever witnessed or experienced a trauma? (If you're unsure it qualifies as trauma, still name.) Do you have reoccurring nightmares, flashbacks? Do you avoid anything (feelings, thoughts, places, people) that is uncomfortable or painful? If so, please explain:

Do you currently have any legal issues? Is the reason you are seeking therapy related to a court order? If so, please explain?

Career/Job, Recreation and Leisure

What is your current occupation and employer? Describe your fulfillment of your job/career at this time.

What is your highest level of education completed and field of study? From what institution?

What do you enjoy doing during your free/leisure time?

Intimate Relationships

If you are currently in a relationship, describe your relationship. Or, describe your latest relationship.

How would you describe your communication in your current relationship?

How would you describe intimacy and/or sex in your current relationship?

If you currently are in a relationship answer the following regarding your relationship:

1. Like _____
2. Dislike _____
3. Not enough of _____
4. Too much of _____
5. Want to keep the same _____

Understanding Your Family & Influences

Parents' marital status:

___Married ___Divorced ___Never Married ___Separated ___Domestic Partners ___Widowed

Please describe your experience growing up in the household:

Please describe your cultural upbringing?

Who lives with you currently? Please describe the relationship(s).

Do you have any pets? If yes, names, types and relationship to each pet:

Describe in 3-5 (or more) words your relationship with the following:

Mother:

Father:

Mother's Significant Other:

Father's Significant Other:

Siblings: Age, Name, Sex, and Relationship Description: (Add more if necessary)

a. Sibling 1

b. Sibling 2

c. Sibling 3

Children: Age, Name, Sex, and Relationship Description: (Add more if necessary)

a. Child 1

b. Child 2

c. Child 3

Other Influential Family Relationships:

Your current Partner: name and length of relationship:

Other Relationships

How long have you lived in your current location/city? If the move is recent, where did you live previously?

Describe your relationship with your friends:

Who is your support system? (people, organizations, affiliations, virtual/local)

Do you belong to any religious or spiritual groups?

___ YES

___ NO

If yes, what is your level of involvement? Are you satisfied with your involvement?

How do your religious or spiritual beliefs/practices influence your life?

Have you had any negative experiences with a religious/spiritual experience and/or organization?

Please list anything else that is important for us to know about you that would assist us in working with you to achieve your desired results:

