

### Intake Form

Please fill out the biographical information before our first session. It will help me in our work together. Information is confidential as outlined in the Disclosure Statement form. Thank you!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Date of Birth/Place: \_\_\_\_\_ Age: \_\_\_\_\_

Address : \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation (former if retired): \_\_\_\_\_ Educational Background: \_\_\_\_\_

Learning Disabilities: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Marital/Partner Status - check all that apply:

- never Married  domestic Partnership  married  separated  divorced  widowed  monogamous
- non-Monogamous

Emergency Contact: Name/Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_

Reason for seeking therapy: please describe briefly what brings you to therapy.

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Estimate the severity of above issue or concern on a scale of 1-10; 1= mild 10= very severe: \_\_\_\_\_

What specifically would you like to accomplish in working with me?

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In a few words describe your past and present marriage(s) and/or relationship(s): years together, names & statement about the nature of the relationship/s - close, friendly, satisfying, distant, physically/emotionally abusive, loving, hostile...

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Children/step-children: names/ages & brief statement about your relationship with the person.

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Parent/s/step-parents: name/age or year of death/cause of death, occupation, personality, significant health issues, how did they treat you, brief statement about the relationship, quality of the attachment, etc.

Parent/Guardian1:

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Parent/Guardian 2:

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Step-parents:

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Siblings: name/age, if dead: age and cause of death & brief statement about the relationship.

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Your past/present medical care: major medical problems, surgeries, accidents, falls, illness...

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Specify medications you are presently taking and what for:

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Past/present drug/alcohol use/abuse including recreational use and AA, NA, and/or other treatment.

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Suicide attempts, other notable behavior, i.e. self-harm, violent behavior: ages, reasons, circumstances, how, etc.

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Sources of support, nourishment and self-care such as friendships, community, spirituality, activities, practices, hobbies, volunteer work etc. Describe quality, frequency, activities, and so forth:

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Past/present psychotherapy: list approximate dates and duration of therapy as well as why you sought therapy and what has been helpful/what has not been helpful?

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Describe your childhood in general: relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent, happy, unhappy...

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If Parents divorced: your age at the time \_\_\_\_\_ Describe briefly how it affected you at time: \_\_\_\_\_

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Family history of alcoholism, drug addiction, violence or mental health issues, including suicide, depression, hospitalizations in mental institutions, abuse, etc.:

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Are you involved in any current or pending civil or criminal litigation/s, law suits or custody dispute/s? If you answer "yes", please explain.

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Please describe any history of emotional/psychological trauma in your life:

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Please describe any other significant life events that would be good for me to know about. These could be joyful or painful:

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What gives you the most joy or pleasure in your life? \_\_\_\_\_

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What are your main worries and fears?

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What are your most important hopes or dreams? \_\_\_\_\_

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Please add on a separate page any other information you would like me to know about you and your situation.

THANK YOU!