Intake Form

Name: _____

Address:_____

Phone Number: _____ May I leave a message?_____

Email address:_____ May I email you?_____

Birthdate:_____

Please describe what brings you to seek therapy now:_____

_____
_____
_____
_____
_____

What are your current goals for therapy?_____

_____
_____
_____

Have you had previous psychotherapy? YES NO

If so, when and for how long? _____

Please describe your previous psychotherapy experience:

_____
_____

Are you currently on prescription medication? YES NO

Please list:_____

Have you ever been prescribed psychiatric mediation? YES NO

Please list:_____

Please check all that apply and provide brief explanation:

Difficulty concentrating_____

Sleep disturbances _____

- Difficulty falling asleep_____
- Difficulty staying asleep _____
- Not enough sleep _____
- Sleeping too much _____
- Difficulty waking up _____

Weight loss _____

Weight gain _____

Decrease in pleasurable activities _____

Decrease in energy level _____

Social isolation _____

Excessive crying _____

Mood swings_____

Accelerated heart beat/Palpitations_____

Shortness of breath_____

Dizziness_____

Gastrointestinal symptoms_____

Headaches_____

Chest pains_____

Sweating_____

Nausea_____

Panic reactions_____

Other _____

Do you drink alcohol? YES NO If so, how often?_____

Do you use illegal drugs? YES NO If so, what and how often?_____

Are you currently in a relationship? YES NO If so, for how long?_____

How would you describe your current relationship?_____

Do you have any children? YES NO Ages:_____

Are you currently employed? YES NO If so, for how long? _____

What do you do? _____

Do you enjoy your work? YES NO Is it stressful? YES NO

What do you do for fun? _____

_____

Do you consider yourself to be spiritual or religious? YES NO If so, please describe your spiritual or religious beliefs: _____

_____
_____

What do you consider to be some of your strengths?_____

_____
_____
_____
_____

What do you consider to be some of your weaknesses? _____

_____
_____
_____
_____

Please provide any additional information that may be helpful:_____

_____
_____
_____
_____