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CONFIDENTIAL INDIVIDUAL INTAKE FORM

Name: _____ Date: _____
Okay to send US mail? Yes □ No □
Address: _____
D.O.B./ Age /Ethnicity: _____

	Okay to call /Email /Text?	Okay to leave message?
Home Phone: _____	Yes □ No □	Yes □ No □
Cell Phone: _____	Yes □ No □	Yes □ No □
Email: _____	Yes □ No □	
Text Message: _____	Yes □ No □	

In case of an emergency, please provide a name and number: _____

DEMOGRAPHIC INFORMATION

Relationship Status: (check all that apply)
□ Single □ Married □ Separated □ Divorced □ Dating □ Cohabitating □ Widowed
Length of time in current relationship: _____
Names and ages of children living with you: _____
Occupation / Employer: _____

PSYCHOLOGICAL, BEHAVIORAL OR EMOTIONAL DIFFICULTIES

Current reason(s) for seeking therapy: _____
Estimate the severity of the issue for which you are seeking care: □ Mild □ Moderate □ Severe □ Very Severe
As you think about the primary reason that brings you here, how would you rate its frequency and your overall level of concern at this point in time? *Concern* □ No concern □ Little concern □ Moderate concern □ Serious concern □ Very serious concern *Frequency* □ No occurrence □ Occurs rarely □ Occurs sometimes □ Occurs frequently □ Occurs nearly always
What do you hope to accomplish through counseling?

_____
_____
What have you already done to deal with the difficulties?

_____
_____
Inpatient Hospital Treatment (hospital, date, reason, length of stay):

_____
Previous Therapy (therapist's name, date, reason, outcome): _____
Was it helpful? Why or why not? _____
Current Medications (If more room is needed, please use the back of this form):
Name / Dosage: _____ Purpose: _____
Name / Dosage: _____ Purpose: _____
Who prescribes them? _____

RELEVANT MEDICAL HISTORY

Date of last physical exam: _____
Are you being treated for any medical problems? □ Yes □ No If yes, what? _____
Current primary care provider: _____ Phone number: _____
Have you ever sustained a serious head injury? □ Yes □ No If so, please indicate how/when: _____

Do you have any previous suicide attempts, self-destructive behaviors, or violent behaviors? (Indicate age, circumstances, and whether it led to hospitalization or legal problems):

_____

SUBSTANCE USE/ABUSE HISTORY

In the past 3 months have you used any intoxicants? □ Yes □ No
If yes, please identify what type (i.e., alcohol, marijuana), how much and how often: _____

_____

Have you ever been treated for substance abuse or attended AA/NA? □ Yes □ No
Have you ever tried to stop or reduce your use on your own? □ Yes □ No
Has it ever affected your work or your relationships? □ Yes □ No

FAITH INVOLVEMENT

Do you attend a regular worship services? □ Yes □ No How important is your faith on a scale of 1 to 10? _____

EDUCATION

Highest grade completed: _____ College: □ Yes □ No Graduate school: □ Yes □ No
Were you ever diagnosed with a learning disability? □ Yes □ No If so, what? _____

CHILDHOOD

Briefly describe your childhood: _____
Were you ever verbally, physically, or sexually abused as a child? □ Yes □ No
How many siblings do you have?: _____ Where are you in the birth order? (i.e., 1st of 5): _____

DOES YOUR FAMILY HAVE A HISTORY OF ANY OF THE FOLLOWING

□ Depression □ Anxiety □ Panic Attacks □ Eating Disorders □ Abuse □ Bipolar Disorder □ Alcohol/drug use
□ Schizophrenia □ Attempted or completed suicide □ Other mental health concerns (_____)

REFERRAL INFORMATION

Who referred you to me or how did you hear of my practice? □ Internet □ Psychology Today □ Good Therapy
□ Gottman Network □ Facebook □ Church □ Physician □ Focus on the Family □ New Life □ Friend/Family

RECEIPT INFORMATION

Will you be requesting a Superbill? If yes, please choose one:
□ Superbill is for insurance (requires a diagnosis, and we will discuss this).
□ Superbill is for flex spending (no diagnosis required).
_____ **Please note and initial**. Payment for services are due at the beginning of each session, unless other arrangements have been made. If you are unable to keep your appointment, please give 48 hours notice or you will be charged for the time reserved. Thank you!

Rev. 10/17/17