

## Intake Form

Please answer the following questions:

### Client Information

<b>NAME</b>	<b>AGE</b>	<b>DOB</b>	<b>GENDER (M/F)</b>
<b>DRIVER'S LICENSE #</b>	<b>SOCIAL SECURITY #</b>		
<b>ADDRESS</b>	<b>CITY</b>	<b>ZIP</b>	
<b>PRIMARY CONTACT PHONE #</b>	<b>CELL #</b>		
<b>RELATIONSHIP STATUS (married, single, divorced)</b>	<b>REFERRED FOR THERAPY BY:</b>		

### Medical Information

<b>PRIMARY MEDICAL DOCTOR</b>	<b>TEL. #</b>
<b>LIST ALL PRESCRIPTION MEDICATIONS</b>	

### Emergency Information

<b>EMERGENCY CONTACT</b>	<b>RELATIONSHIP TO YOU</b>
<b>TEL. #</b>	<b>CITY</b>

What brought you here today? What do you hope to gain from this experience? \_\_\_\_\_

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## Intake Form

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What is the thing you would most like help with? \_\_\_\_\_

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If you could change anything about your life what would it be? \_\_\_\_\_

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Is there anything else that you would like to me know? \_\_\_\_\_

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### **OCCUPATION/SCHOOL**

Are you employed? \_\_\_\_\_ Employer's Name: \_\_\_\_\_ Employer's City: \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_ School's Name: \_\_\_\_\_

Name of Major (if applicable): \_\_\_\_\_

### **MEDICAL HISTORY**

Have you ever had an accident? \_\_\_\_\_

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Have you ever been hospitalized? \_\_\_\_\_

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Have you ever had a major illness? Do you have a chronic illness (i.e. allergies, asthma, diabetes)? \_\_\_\_\_

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## *Intake Form*

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Are you taking any medications? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a head injury, lost consciousness? \_\_\_\_\_

\_\_\_\_\_

How much and how often do you consume alcohol? \_\_\_\_\_

\_\_\_\_\_

Do you use other substances? What type? How much and how often? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SOCIAL**

Tell me about your friends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could change anything about your friends or friendships what would it be? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FAMILY HISTORY**

Tell me about your family - Describe your parents \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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*Intake Form*

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Describe your siblings

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Describe your children

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Has your family experienced any major losses? (including deaths in the family, divorces, accidents, etc.)

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**SPIRITUAL/ RELIGIOUS HISTORY**

Tell me about your faith, spirituality, church affiliation

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## *Intake Form*

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### **CULTURE/ETHNICITY**

What is your ethnicity? Cultural heritage? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### **STRENGTHS**

What are your strengths? What do you value about yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you do for fun? What are your sports or hobbies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PREVIOUS TREATMENT**

Have you ever been to a therapist before? How was that experience for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_