New Client Intake Form

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Demographic Information

Name: _____ Date: _____

DOB: _____ Age: _____ Gender: _____

Birthplace: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____
Is it ok to leave a voicemail? *YES* *NO*
Email: _____
Would you like to receive email communication? *YES* *NO*

Is it ok to send something in the mail? *YES* *NO*

How were you introduced to us? _____
If you found us online what words did you search to find us?
_____

* *Please complete below for additional client*

Name: _____

DOB: _____ Age: _____ Gender: _____

Birthplace: _____

Street Address: _____

** Updated 4/2018*

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City: _____ State: _____ Zip Code: _____

Phone Number(s): _____
Is it ok to leave a voicemail? *YES* *NO*
Email: _____
Would you like to receive email communication? *YES* *NO*

Is it ok to send something in the mail? *YES* *NO*

How Have We Come to Meet?

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 that care about you would say their concern(s) is/are in regards to you?

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

Change is Coming…

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

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Looking into the future, how will you know that our work and time together has been worth it? List concrete changes you will 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 that you would like to be a part of your sessions or think may be helpful to be part of sessions either now or in the future?

Medical & Wellness Information

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

How do you achieve balance in your life?

Have you ever received psychiatric services before? YES NO
If yes, how long ago, with whom, for what, 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/psychiatrists 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 & prescribed), nutritional or herbal supplements, or alternative treatments (acupuncture, chiropractic, etc.) you are taking/doing and the reasons:

Important Questions We Must Ask

Have you ever had suicidal ideations? YES NO
If yes, please explain:

Have you ever planned to hurt yourself? YES NO
If yes, please explain:

Have you ever attempted to hurt yourself? YES NO
If yes, please explain:

Have you ever felt like you wanted to seriously hurt or harm 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?

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Is there any history past or present 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 was prescribed, or is the reason you are seeking therapy services substance related?

Have you ever witnessed or experienced a trauma? Do you have reoccurring nightmares, flashbacks, or do you avoid anything that is uncomfortable or painful? If so, please explain:

Do you have currently legal issues or 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? How would you describe your fulfillment of your job/career?

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

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

Intimate Relationships

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If you are currently in a relationship, describe your relationship:

_____

_____

How would you describe your communication?

_____

_____

How would you describe intimacy in your relationship?

_____

_____

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

1. Like _____
2. Dislike _____
3. Not enough of _____
4. Too much of _____
5. Ideal relationship _____

Understanding Your Family & Influences

* *Space left for therapist to draw family tree (genogram)*

Parent's marital status:

Married Divorced Never Married Separated Domestic Partners Widowed

Please describe your relationship with your parents:

_____

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How would you describe your upbringing?

Who lives with you currently?

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

Describe your relationship with the following:
Mother:

Father:

Mother's Significant Other:

Father's Significant Other:

Siblings: Age, Name and Sex:

a. Sibling 1
b. Sibling 2
c. Sibling 3

Children:

a. Child 1
b. Child 2
c. Child 3

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Significant Other/Spouse:

_____

Relationships

Describe your relationship with your friends:

_____

_____

Who would you say your support system is (people, organizations, or affiliations)?

_____

_____

Do you belong to any religious or spiritual groups? YES NO
If yes, what is your level of involvement?

_____

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

_____

_____

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:

_____

_____

_____

_____

** Updated 4/2018*