Individual Therapy Intake Form

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First Name: _____ Last Name: _____

Age: _____ Date of birth: _____ Sex/Gender: _____

Ethnicity:_____ Religion:_____ Marital Status:_____

Number of children:_____ Ages of children:_____

Home address:_____

Mailing address:_____

Who do you live with?_____

Cell #:_____ Home #:_____

Work #:_____ Email:_____

Preferred Contact Method: Text Email Phone

Name/relationship of emergency contact:_____

Emergency contact phone:_____

For clients under 18 years of age:

Name of parent/legal guardian:_____ Phone:_____

Name of parent/legal guardian:_____ Phone:_____

Employment Information:

- □ Full-time at:_____ Position:_____
- □ Part-time at:_____ Position:_____
- □ Not working because: _____

Academic Information:

- □ Not attending school. Highest level completed:_____
- □ Full-time at:_____ Grade/year:_____
- □ Part-time at:_____ Grade/year:_____

The reason(s) for your visit:

How intense is your emotional distress:

(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

Please describe:

Overall, how much does your current distress affect your ability to perform at work or school, your relationships with others, and to perform daily tasks such as chores?

(Mildly disruptive) 1 2 3 4 5 (Incapacitating)

Please describe:

When did these problems begin? What was going on in your life at that time?

PSYCHIATRIC AND MEDICAL HISTORY

Please list any psychiatric or mental health problems you have been diagnosed with:

_____

_____

_____

Please list any medical or physical health problems you have been diagnosed with:

_____

_____

_____

Please list any medications you currently take and what you take them for:

_____

_____

_____

Name of family doctor:_____ Phone:_____

When was your last check-up with your family doctor:_____

Overall Results:_____

_____

_____

Are you currently being treated by other mental health professionals: Yes No

If yes, please provide information for your other providers:

1. _____ Last visit:_____
2. _____ Last visit:_____
3. _____ Last visit:_____

Have you ever been hospitalized for psychological or psychiatric reasons? _____

If yes, please describe when and where you were hospitalized, and for what reason:_____

_____

Please tell us about any other mental health professionals you have consulted with in the past (approximated dates, type of professional seen, reason for the consultation, nature of the treatment, outcome of the treatment):_____

_____

_____

_____

_____

CURRENT HABITS

Please describe your current habits in each of the following areas:

Smoking:_____

Gambling:_____

Drinking:_____

Drug use:_____

Caffeine intake:_____

Exercise:_____

Eating:_____

Sleeping:_____

Fun and relaxation:_____

RELATIONSHIPS

Please describe your relationships with each of the following people, if applicable:

Biological Mother:_____

Biological Father:_____

Step-parents:_____

Legal guardians:_____

Siblings:_____

Extended family:_____

Your children: _____

Friends:_____

Romantic partner:_____

Colleagues/classmates:_____

Total number of close, supportive relationships:_____

STRESSFUL LIFE EVENTS

Please describe any current significant or stressful life events that you have been experiencing:

- □ Economic problems:_____
- □ Difficulty accessing health care:_____
- □ Legal issues or crime: _____
- □ Cultural issues:_____
- □ Family conflict or lack of support:_____
- □ Social problems:_____
- □ Educational/Occupational difficulties:_____
- □ Housing problems:_____
- □ Grief or bereavement:_____
- □ Other: _____
- □ Other: _____
- □ Other: _____

What are your positive qualities and skills? What do you like about yourself? What qualities have helped you to succeed at overcoming difficulties in the past? _____

_____

_____

_____

What are your plans for the future? _____

_____

_____

How motivated do you feel to work on things in therapy? _____

_____

_____

What are your goals for therapy? What would you like to achieve by attending therapy? _____

_____

_____

_____

What concerns do you have about attending therapy or working on these problems?_____

_____

_____

_____

Is there anything else that you would like to mention?_____

_____

_____

_____