

# INTAKE FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information. If you do not feel comfortable answering some of the questions below and would like to discuss in your session, please indicate.

Today's Date:

Name:

DOB:

Home Address:

Phone Number:

May I leave a vm?  Yes  No

Email Address:

May I email you?  Yes  No

*(\*Please note: Email correspondence is not considered to be a confidential medium of communication.)*

**Previous Treatment: Have you previously received any type of mental health services? (psychotherapy, psychiatric services, psychiatric hospitalizations, etc.)**

No

Yes, (please indicate when, where/therapist/practitioner, and reason for services):

**Medication: Are you currently taking any psychiatric medication(s)?**

No

Yes, (please list medication(s) you are taking and prescribing practitioner's name.

**Reason for seeking treatment: Tell me in your own words reasons for seeking therapy at this time and what you would like to work on in therapy.**

--

**Cultural/Ethnic/Gender/Sexuality Considerations (I would like to better understand your cultural background/context)**

What ethnicity do you consider yourself?	
If religion or spirituality is important, please list	
Gender Identification	
Sexual Orientation	

**Functional Screening: Please check and circle all that apply**

<input type="checkbox"/> Impaired Vision	Glasses	Contacts	Other	
<input type="checkbox"/> Impaired Hearing	Hearing Aid	Other		
<input type="checkbox"/> Impaired Mobility	Walker	Cane	Wheelchair	Other
<input type="checkbox"/> Communication	English not primary language (Primary Language: _____ )			
<input type="checkbox"/> Cognitive deficit:	No			
	Yes, please explain:			

**Housing**

Current living situation	
With whom do you live?	

**Family**

Marital Status:

Single       Married       Separated       Living with Significant Other       Divorced       Widowed

Children:       No

Yes, list children with ages and legal custody (if applicable)

Pet:  No       Yes

**Education History**

Currently enrolled in school/classes?     No     Yes, Year/Grade:                      Name of School:

Highest Level/Grade of education completed:

Degree/Trade Certification Earned:

**Employment**

Currently Employed?     No

Yes, describe:

**Weapons/Firearms Access**

Is there a gun in your home?               No               Yes

If yes, do you keep it locked up?         No               Yes, where?

***Legal History***

No

Yes, explain:

***Supports: Who do you consider your support?***

***Leisure Activities: What do/did you do for fun? What do you or did you used to enjoy?***