

Intake Form

Date _____

Name: Last, _____ First _____ MI _____
Maiden/Other _____ Date of Birth _____ Age _____

Current / Local Home Address & Phone:

Street _____ City/State _____ Zip Code _____

Telephone #'s: Home _____ Work _____ Cell _____

May I leave a message on your home phone? ___ No ___ Yes Work Phone? ___ No ___ Yes

Email Address _____

Permanent Mailing Address (if different from above):

Street _____ City/State _____ Zip Code _____

Emergency Contact:

Name _____ Phone # _____ Relationship _____

Do you have insurance? ___ No ___ Yes

If yes, name of insurance company and ID #: _____

Ethnic Group (Circle all that apply)

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islands

White

Hispanic/Latino

Middle – Eastern

Multi-Ethnic

Other _____

Relationship Status

Single

Partnered

Separated

Widowed

Other _____

Do you have children ___ No ___ Yes

If yes, how many, ages, where do they live?

Gender

Male

Female

Transsexual/Transgender

Other

Sexual Orientation (Optional)

Bisexual

Gay/Lesbian

Heterosexual

Uncertain

Current Employment Status

Employed – Full Time

Employed – Part time

Not in Labor force

Why are you seeking support?

How did you hear about me?

Are you having suicidal thoughts? _____

If yes, do you have a plan about how you would commit suicide _____

If yes, what is your plan?

Do you have the means to carry out your plan? _____

Please explain.

Have you ever made a suicide attempt or been hospitalized for suicidal ideation? _____

If yes, please describe the circumstances, how and when.

Has anyone in your family ever made a suicide attempt or committed suicide? _____

If so, who, when and how?

Is there any drug or alcohol abuse in your history? _____

If yes, please explain.

Is this contributing to your reasons for entering therapy? _____

Please explain.

Was there any alcoholism or drug abuse in your family? _____

If yes, please explain.

Have you been the victim of abuse?(verbal, physical, sexual) _____

Please describe when and the relationship of the perpetrator to you.

Have you ever experienced extreme mood swings such as feeling euphoric one minute/day/week/month and feeling suicidal the next? ___ No ___ Yes

If yes, please describe.

Have you/do you experience feeling very irritable to the point of causing problems in you relationships, school, work? ___No ___Yes
If yes, please describe.

Please describe your average amount of sleep per night?

Please describe your eating habit?

Do you have any pending legal issues or charges? Any legal issues at all?

Social/Family History

Briefly describe your work history and present work situation.

Primary Caregiver #1: Relationship to you _____ Age _____ Occupation _____
If deceased, cause and date _____
Brief description of personality _____
What is the major influence of this person on your life

Primary Caregiver #2: Relationship to you _____ Age _____ Occupation _____
If deceased, cause and date _____
Brief description of personality _____
What is the major influence of this person on your life

Sibling(s): Order by age (including yourself) _____
Brief Description of your sibling(s) personalities: _____
What was the influence of each sibling on your life? _____
Briefly describe your childhood _____

What 2 or 3 events or conditions were important in your childhood and adolescence

Use three words that describe how you see yourself, then 3 words that describe how others see you.
Your view _____
Others' view _____

How is most of your free time occupied?

What are your present interests, activities and hobbies?

Who are the most supportive people in your life?

- Parent(s)
- Child(ren)
- Partner
- Friend(s)
- Sibling(s)
- Relatives
- Professional caregiver
- Pet(s) – what kind? _____
- Religious / spiritual community _____
- Other supportive relationship(s) _____

Do you have any questions or is there anything else you would like me to know?