



Intake Form

Date: _____ Name: _____

Name of parent or guardian (if under the age of 18): _____

Preferred pronouns: _____

D.O.B: _____

Racial/Ethnic Identity: _____

Primary Language: _____

Referred by: _____

Contact Information

Home Number: _____ May I leave a message?: (Y) (N)

Cell number: _____ May I leave a message?: (Y) (N)

Email: _____

Name of emergency contact: _____

Contact Number: _____ Relationship: _____

Do you live alone or with someone? _____

What is your current employment situation? _____

Would you describe yourself as someone with spiritual or religious beliefs?
If yes, could you share your beliefs? _____

General Health History

How would you describe your health? _____

Please share any specific concerns you may be experiencing or would like to highlight. _____

Please list any previous surgeries and/or hospitalizations. _____

Are you taking medication? If so, could you please list them? _____

Do you have any physical limitations? _____

Are you currently experiencing any changes with your appetite? _____

Have you ever thought of hurting yourself or someone else? If so, how long have you had these feelings? _____

Do you have someone you can reach out to if in distress? If yes, who? _____

Are you experiencing any anxiety, panic attacks, or phobias? How long have you felt this way? _____

Are you experiencing pain? Is it chronic? How long have you lived with this pain? _____

What is your experience/history with cigarettes, drugs, and alcohol? _____

How would you describe your sleeping habits? _____

Are you experiencing or have recently experienced, any stressful or life altering events? Are you able to share a little about it? _____

Are you in a romantic relationship? _____

Do you have any children? _____

If so, could you share a little about the pregnancy and the delivery? _____

Could you share a little about your relationship with your children? _____

Could you share a little about your relationship with your mother and father?

*Do you have any siblings? If so, what is your relationship like?*_____

*Have you ever been in therapy before? Can you share a little about that experience?*_____

*How did you decide to end your past therapeutic relationship?*_____

*What are you hoping to gain from our sessions together?*_____
