

## Intake Information

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Preferred method to contact you \_\_\_\_\_

Marital status: never married \_\_\_ married \_\_\_ divorced \_\_\_ separated \_\_\_ widowed \_\_\_ domestic partnership \_\_\_

Children?

Who do you currently live with?

Are you currently employed?

Do you enjoy your work?

Who referred you?

Have you previously received any mental health treatment (psychotherapy/psychiatric?)

If yes, previous therapist:

If yes, was it helpful?

How would you describe your current physical health?

Are you on any prescription medications?

Have you ever been prescribed psychiatric medications?

How do you deal with stress?

How often do you exercise ?

Do you have any sleeping difficulties?

Do you have any eating or appetite difficulties?

Alcohol use: times/week: \_\_\_\_\_ recreational drug use: times/week \_\_\_\_\_

Do you have specific issues you would like to talk about?

Do you have specific goals for therapy?

Are you currently experiencing anxiety, depression, grief or overwhelming sadness ?