

Intake Information

Name: _____ Date: _____

Briefly describe the problem(s) that you'd like to address:

Rate in what areas your problem(s) or present difficulties hinder your life's satisfaction and/or performance:

	None	Mild	Moderate	Severe
Work	_____	_____	_____	_____
Home	_____	_____	_____	_____
Spouse/significant other	_____	_____	_____	_____
Friendships	_____	_____	_____	_____
Routine activities	_____	_____	_____	_____
Personal hygiene	_____	_____	_____	_____

- None: Functioning well or at least average
Mild: Noticeable interference, yet able to function
Moderate: Clear negative effects on life that get in the way
Severe: Obvious impairment with minimal or no ability to fulfill task

HEALTH:

Rate your current overall health now: Excellent Good Fair Poor

Please describe any health issues or concerns:

Current Medications: _____

How much coffee per day: _____

How many cigarettes per day: _____

Type & frequency of exercise per week: _____
Average work hours per week: _____

SUBSTANCE USE

Indicate your use of alcohol or recreational drugs:

Substance name	Amount/Frequency	Time Last Used
_____	_____	_____
_____	_____	_____

CURRENT RELATIONSHIP & FAMILY HISTORY:

Please list names & ages of current significant relationship(s); also include significant family members, such as parents and siblings:

Please describe the quality of your relationships (close, distant, hostile, ect)?

Spouse/Partner: _____
Mother: _____
Father: _____
Other caregivers: _____
Siblings: _____

Others living at home: _____
Other family members: _____
Children: _____
Friends: _____

Your Occupation: _____
Education: _____
Legal Issues (arrests; DUI): _____

Past psychotherapy and/or psychiatric services received. Please include any inpatient experiences (psychiatric hospitalizations) and/or psychiatric medications previously prescribed:

Please describe any other relevant background information that pertain to your seeking psychotherapy services, such as traumas, abuse, and/or neglect:
