

PSYCHOTHERAPY INDIVIDUAL INTAKE FORM

Name: _____ Date: _____

Phone#: _____

Address: _____ City: _____

Zip: _____ DOB: _____ Age: _____

Email: _____

Driver Lic: _____

Ethnicity: _____ Country of birth: _____

If not USA, moved @ age/yr: _____ / _____

Relationship status: _____

If in a relationship, together since: _____

If separated or widow, date: _____

Do you have a child(ren)? Age & gender: _____

Occupation: _____ Place of work: _____

Role & responsibilities at work: _____

Emergency Contact Name and Phone#: _____

Relation to you: _____

Primary Care Physician (name, phone#, email):

Psychiatrist (name, phone#, email):

List of medications currently taking (name/dosage/amount/for what reason):

Referral Source:

What is the primary concern, reason(s) for which you are seeking therapy?

How long have you suffered from these concerns?

What do you need, and wish from our work together? What are your Goals?

Are there any immediate challenges, or issues that need our attention?
If yes, please describe.

Have you ever had counseling or psychotherapy before?
If Yes, when and for how long?

What was most helpful?

What was least/not helpful?

What strengths, qualities and resources do you value most in yourself?

What are some of your personality traits which you consider flaws, weaknesses or challenging?

What support system do you have (family, friends, social, spiritual/religious, etc.)?

What are your current symptoms?

How do you care for, cope and comfort yourself when you feel distressed?

Have you in the recent past, or are you currently experiencing suicidal thoughts? If yes, please describe.

Were there any traumas you experienced in your childhood?

List your **Family of origin** (family you grew up with), beginning with parents and siblings from oldest to youngest, including yourself and your place in the family. name, gender/age, relationship to you, adopted-biological-step-half, Alive-Deceased(when?)

Parents marital status throughout their relationship:

How is your relationship with your mother and father?

Have you ever been a **victim** of mental, verbal, emotional, physical, sexual abuse? If yes, please elaborate:

Have you ever **witnessed** mental, verbal, emotional, physical, sexual, abuse? If yes, please elaborate:

Have there been any serious health issues, mental health issues, major losses in your family of origin, or current family that have affected you? If yes, please describe:

Please list people your **current family system/or the people you currently live with.** name, gender/age, relationship to you, adopted-biological-step-half

Do you drink alcohol? If yes, please describe what motivates you to drink, frequency and quantity:

Do you use other substances, recreational drugs, prescribed, not prescribed? If yes, please describe which one(s), frequency & quantity:

Do you struggle with any forms of **addictive behaviors** such as bulimia, dieting, sugar, coffee, nicotine, prescription drugs, shopping, working, gambling, porn, sex, working out, gaming, other: _____
If so, please elaborate:

Do you have a religious/spiritual affiliation?
If yes, please describe its importance and role in your life:
