



## INTAKE FORM

Full Name: \_\_\_\_\_

Name of parent/guardian (if under 18 years): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Please list any children/age: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Referred by (if any): \_\_\_\_\_

Have you previously received any type of mental health service? \_\_\_\_\_  
(psychotherapy, psychiatric services, etc.)?

Are you currently taking any prescription medication? \_\_\_\_\_

Have you ever been prescribed psychiatric medication? \_\_\_\_\_

How would you rate your current physical health: \_\_\_\_\_

Please list any specific health problems you are currently experiencing:

\_\_\_\_\_

How would you rate your current sleeping habits? \_\_\_\_\_

Please list any specific sleep problems you are currently experiencing:

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How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you generally participate in?:

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Please list any difficulties you experience with your appetite or eating patterns:

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Are you currently experiencing overwhelming sadness, grief or depression? \_\_\_\_\_

Are you currently experiencing anxiety, panic attacks or have any phobias? \_\_\_\_\_

Are you currently experiencing any chronic pain? \_\_\_\_\_

Do you drink alcohol more than once a week? \_\_\_\_\_

Are you in a romantic relationship? \_\_\_\_\_

On a scale of 1 - 10, how would you rate your relationship? \_\_\_\_\_

What significant life changes or stressful events have you experienced recently:

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**FAMILY MENTAL HEALTH HISTORY:**

Please list family member/s use:

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Are you currently employed? \_\_\_\_\_

If employed, do you enjoy your work? Is there anything stressful about your current work?:

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Do you consider yourself to be spiritual or religious? \_\_\_\_\_

What do you consider to be some of your strengths? \_\_\_\_\_

What do you consider to be some of your weaknesses? \_\_\_\_\_

What would you like to accomplish out of your time in therapy?:

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