



## CLIENT INFORMATION & INTAKE

### Demographics

<b>Name:</b>		<b>Today's date:</b>
<b>Gender:</b>	<b>Age:</b>	<b>Birthdate:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home phone:</b>	<b>Work phone:</b>	
<b>Mobile phone:</b>	<b>Which phone is best to call?</b>	
<b>E-mail:</b>	<b>OK to leave phone messages?</b>	
<b>Ok to E-mail?</b>	<b>(If yes, please sign Non-Secure Communication form)</b>	

### Background Info

<b>Occupation:</b>	<b>Employer:</b>
<b>Highest education:</b>	<b>Time at current job:</b>
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<b>Relational status:</b>	<b>Length of current relationship:</b>
<b>Partner name:</b>	<b>Children/dependents?</b>
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<b>Ethnicity:</b>	<b>Religious/Spiritual affiliation:</b>
<b>Sexual orientation:</b>	<b>Other affiliation(s):</b>
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<b>Emergency contact:</b>	<b>Relation to you:</b>
<b>Emergency phone:</b>	

### Presenting Problem

**Describe what brings you in today:**

**When did these problems begin?**

**What areas of your life are being affected by this?**

**What are your strengths and ways of coping with stress?**

**What are your goals for therapy? What would successful change look like?**



**Mental Health History**

**Have you had past mental health services?**

**Past psychiatric hospitalization?**

**Most recent Therapist:**

**Phone:**

**What was most helpful and/or least about past therapy?**

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**History of head injury or seizures?**

**History of abuse or domestic violence?**

**History of self-harm?**

**History of suicidal thoughts?**

**History of harming others?**

**History of harming animals?**

**History of substance abuse?**

**History of substance treatment?**

**Family mental health history:**

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**Medical Info**

**Primary care provider:**

**Phone:**

**Date of most recent medical exam:**

**Reason(s) for provider's care:**

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**Diagnosed condition(s):**

**Past hospitalizations/surgeries:**

**Current medication(s) & dosages:**

**Other supplement(s):**

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**Family medical history:**

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**Substance Use History**

	<b>Current</b>	<b>Past (more than 6 months ago)</b>	<b>Amount</b>	<b>Notes</b>
<b>Alcohol</b>				
<b>Tobacco</b>				
<b>Caffeine</b>				
<b>Other Drugs: (Specify)</b>				

**Are you concerned by your substance use?**

**Does your substance use create any problems in your life?**

**Family/Social History**

**Family of Origin:**

**Name(s)                                      Relationship                                      Age                                      Quality of Relationship**


**Birthplace & places lived:**

**Parent relational status:**

**What types of emotional stresses did you encounter growing up?**

**Where do you find social support currently? (e.g., persons, social groups, etc.)**

**Is there anything else you feel is important for me to know?**