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Intake Information

Name:

Date:

If you prefer, we can fill this form out together during our first appointment.
You may omit any questions you do not feel comfortable answering.

Reason(s) for seeking therapy: what brings you here? what do you hope to accomplish?

How will you know that you no longer desire therapy; that you've accomplished your goals?
(Answering the questions below may be helpful as you reflect on this)
If I could wave a magic wand, I would ….
In one year I would like to ….
In 2 months, I would like to….
If I weren't so worried about ……. I would ……

Your strengths: What characteristics and accomplishments are you proud of? What do you and others like about you? What are your primary interests? What do you do for fun?

Previous therapy: Have you been in therapy before? What was most helpful in prior therapy? What was least helpful?

Which emotions do you find most bothersome & distressing; would like to feel less frequently?

Which emotions do you wish you felt more often?

In general, how would you rate the following:

Sleep:	Too little	About right	Too much
Exercise:	Too little	About right	Too much
Nutrition:	Poor	Average	Excellent

What type of exercise do you do and how often?

Please describe your typical daily diet.

About how much caffeine do you consume / day**:** (coffee, tea, sodas, energy drinks)?

Do you smoke cigarettes? If so, how many / day?

Month/Year of last physical:

Current medical conditions relevant to psychotherapy: (e.g., thyroid disease, chronic Lyme disease)

Current medications:

Family history of

	No	Yes	Family member (self, mom, dad, aunt..)
Anxiety			
Depression			
Bi-polar disease			
Schizophrenia			
Suicide attempts			
Alcohol / substance abuse			
Eating disorder			
Trauma			
Other			

History of previous in-patient or substance abuse treatment, if applicable:

Year (approx.)	Duration	Location	Type	Was treatment helpful?

History of self-harm, suicide attempts, violence towards others?

Involvement with the legal system (arrests, restraining orders, probation, DUI)?

Family and Friends
Please list names of people you live with or have regular contact with

Name	Age	Live with?	Relationship to you

Is there anything else that you feel I should be aware of that is relevant for our work together?