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INTAKE

Date_____

Name_____Birthdate_____
Address_____Telephone_____
_____
Occupation_____Employment_____
Address_____Telephone_____
What brings you to therapy now?_____
Additional important information_____
Who referred you? _____Telephone_____

Single_____Married_____(1st/2nd/3rd/other) Spouse's Name_____
Spouse's Birthdate_____
Divorced_____ (1st/2nd/3rd/other) Separated_____Dates_____
Person to Notify In Case of Emergency _____Telephone_____
Relationship_____

Children's Names_____ Age_____Occupation_____
_____ Age_____Occupation_____
_____ Age_____Occupation_____

Sibling's Names_____ Age_____Occupation_____
_____ Age_____Occupation_____
Parent's Names_____ Age____ Occupation_____
Religious Preference/Affiliation_____
Personal Physician_____Telephone_____
Medications_____

Current Drug Use	None	1/year	1/month	1/week	Daily
Caffeine	_____	_____	_____	_____	_____
Nicotine	_____	_____	_____	_____	_____
Sugar	_____	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Do/did your parents abuse alcohol/drugs?_____Which parent_____Which drugs_____
Have you been in therapy before?_____Dates_____Helpful___Unhelpful___
With whom?_____Telephone_____For what?_____
Special skills (e.g., writer, computer)_____

What is your purpose in life? What is a life well lived to you?

What would you do if you awoke tomorrow and the reasons you came to therapy were gone?

What do you do for fun?

What do you do to relax?

What is your greatest achievement? Triumph?

How would you describe your relationships? Family, friends, work, the universe?

What would you do if you were told you had 24 hours to live? Six months?

What do you need most from your work with me? From me personally

Please Answer the Following Questions With a Yes or No:

1. Would you describe your adulthood as traumatic?

2. Would you describe your childhood as traumatic?

3. Have you gained or lost more than 10% of your regular weight in the last six months?

4. Are you sleeping well?
   Trouble falling asleep?
   Trouble with early awakening?

5. Are you eating poorly?

6. Do you have any trouble with eating?

7. Do you have any close friends?

8. Are you fatigued or tired frequently?

9. Are any members of your family mentally ill? Physically ill?

10. Are you experiencing any sexual difficulties?

11. Are you experiencing any legal difficulties?

12. Are you currently experiencing major stressors or anxieties?

13. Are you currently suicidal? Have you ever been?

14. If yes, do you have a plan or a method?

15. Has anyone in your immediate family committed suicide?

16. Are you bothered by strange and uncontrollable thoughts or urges?

17. Are you or have you ever been homicidal?

18. Do you have any addictions?

19. Are there questions that I didn't ask that I should have?