I N T A K E F O R M

Please fill out the information below. All information provided is protected confidential information.

Have you previously received any mental health services (psychotherapy, psychiatric services, psychiatric hospitalizations?

_____NO

_____YES, previous provider_____

Are you taking any medications?

_____NO

_____YES

Please list_____

_____

Have you ever been prescribed psychiatric medication?

_____NO

_____YES

Please list_____

_____

Are you being treated by a physician for any physical health issues?

_____NO

_____YES

Please list_____

_____

GENERAL HEALTH/MENTAL HEALTH INFORMATION

Please rate the following:

General physical health	Poor	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
Sleeping habits	Poor	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
Diet	Poor	Unsatisfactory	Satisfactory	Good	Very Good	Excellent

Comments_____

_____

_____

Do you exercise?

_____NO

_____YES

How many times a week and what type of exercise do you do_____
_____
_____

Briefly describe what brings you to counseling today

_____
_____
_____
_____

Are you experiencing any of the following:

_____Sadness

_____Grief

_____Depression

_____Anxiety

_____Panic attacks

_____Racing thoughts

_____Obsessive/Compulsive

_____Chronic pain

_____Family stress

_____Relationship issues

_____Work/job stress

Do you drink alcohol?

_____NO _____YES Frequency_____

Do you engage in recreational drug use?

_____NO _____YES Frequency_____

Are you currently in a romantic relationship?
_____NO _____YES
How would you characterize your relationship on a scale of 1-10 (1 being poor and 10 being excellent)
1 2 3 4 5 6 7 8 9 10

Have you experienced any recent life changes or stressful events?

_____
_____
_____
_____

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 during your time in therapy? What would you like the outcome to be?

_____
_____
_____
_____

Is there anything else you would like me to know about you?

_____
_____
_____