

INTAKE INFORMATION

Date:

Pt. Name:

Address:

Phone:

Birthdate/Age:

What is the reason/reasons that you are coming to therapy?

Please list your medical History (please include diagnoses, surgeries, hospitalizations and any other current or past medical treatments):

Please list all current medications, dosages, and the physicians who are prescribing the medications:

FAMILY INTERPERSONAL

Who is currently living at home with you?

Are you married or in a relationship?

- If so, how is the relationship going (e.g. happy, “so-so”, strained, etc.)

Do you have any children (including step-children):

- What are their ages?

Are there any significant stressors at home (e.g. problems with family member’s health, problems with your residence, etc.):

Who do you talk to for emotional support:

Please give a brief description of yourself:

DEVELOPMENTAL

Where you from (e.g. in what state did you reside as a child):
Please provide a brief (a few sentences) description of your childhood:

Were you adopted or raised by people other than biological parents?

Did you suffer abuse during your growing up years?

Were your parents ever separated or divorced?

- If yes, how old were you when they separated?

Are your parents still living:

How many siblings do you have and what number child are you in the birth order?

Is there a family history of mental health issues (and if so, what types of difficulties were experienced)?

What is your level of education?

Have you ever been diagnosed with Attention Deficit Disorder, Dyslexia or other Learning Disabilities?

What is your current job description?

Have you ever held a position in the military?

FINANCIAL/LEGAL

Are finances currently sufficient to meet your needs in your home?

Do you have a history of litigation?

Have legal charges ever been brought against you (e.g. been arrested)?

MENTAL HEALTH HISTORY

Have you ever gone to counseling, seen a psychiatrist, or been hospitalized for psychiatric reasons? If so, please elaborate below:

Have you ever taken medications to help your mood? If so please list them below.

What past mental health diagnoses have been given to you?
What other past mental health treatments have you received?

SUBSTANCE USE

How often do you drink alcohol?

Have you ever experienced serious problems (e.g. abused) alcohol?

Do you use tobacco?

Do you use other (street) drugs?

DEPRESSION

How often are you depressed, sad, or down?

What words you use to describe your depression?

Do you have a history of other episodes of depression?

What is your current level of depression (0-10 with 10 as the worst level possible)?

What is the cause of your depression?

Are you often irritable?

Describe your sleep pattern:

What is the level of your energy?

Do you have a good appetite?

Have you lost interest in things you previously enjoyed?

Is your sexual desire high, medium or low?

Do you experience frequent crying episodes?

Do you often have negative thoughts about yourself?

Are you socially isolated?

Are you currently suicidal?

Have you ever been suicidal
Have you ever made an attempt on your life?

ANXIETY

How often are you anxious?
How would you describe your anxiety?
Do you have a history of being an anxious person?
What do you worry about?
Have you had panic attacks?
Are you afraid to leave the house
Any other specific fears?
Have you ever experienced anything that you think was so traumatic that you may qualify for a Post-traumatic Stress Disorder diagnosis?
Do you have thoughts you can't seem to get rid of (e.g. obsessions)?
Do you find yourself performing ritual behaviors such as frequent handwashing, checking, or counting?

How often are you angry?
What do you do when frustrated or angry?
Has anger ever gotten you in trouble (e.g. hurt someone)?
Have you ever been homicidal?
Do you have frequently fluctuating energy or mood?
Do you have racing thoughts?
Do you sometimes engage in risky behaviors?
Have you ever been diagnosed with Bipolar Disorder?

THOUGHTS

Have you ever suffered a head injury?_____

Is your ability to pay attention and concentrate roughly ok? _____

Is your memory roughly functional? _____

Can you generally think clearly? _____

Do you ever hear voices or see things that are not there? _____

Do you have significant suspicious thoughts? _____

What is your current level of emotional stress (0-10 with 10 as the worst)? _____

What is troubling you most in life these days? _____

Are you good at keeping a daily routine?

What is your goal (s) for treatment?