

Intake @ Background Information

Name _____ Date _____ Favorite color _____

Email _____ Phone _____ Birthdate _____ Age _____

Address _____

Referral source: _____

Reason for initiating therapy:

How long has this been a problem?

Previous experience with therapy/mental health treatment, including prescriptions:

Medical history (list hospitalizations, chronic and/or undiagnosed problems, major injuries, diseases):

May your therapist contact your physician/psychiatrist? _____

Who else might be beneficial for your therapist to interact with about your therapy?

***Note: a Release of Confidentiality must be signed before your therapist will discuss your care with anyone else.**

Current form and frequency of exercise: _____

How many times/week do you eat fast food? _____

Do you smoke? How much? How often? _____

What recreational drugs have you previously/do you currently use?

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Approximate # of alcoholic drinks in an average week: _____ Caffeinated drinks: _____

Recent life challenges: _____

Highest level of education completed: _____ Occupation: _____

Rate your **current** level of satisfaction with the following categories, where 1 means "horribly dissatisfied" and 10 means "extremely fulfilled":

1	2	3	4	5	6	7	8	9	10
horribly dissatisfied									
			neither displeased or pleased						
								content or extremely fulfilled	

Work
1 2 3 4 5 6 7 8 9 10

Intimate relationship(s)
1 2 3 4 5 6 7 8 9 10

Personal appearance
1 2 3 4 5 6 7 8 9 10

Current overall health
1 2 3 4 5 6 7 8 9 10

Sleep
1 2 3 4 5 6 7 8 9 10

Eating patterns
1 2 3 4 5 6 7 8 9 10

Spiritual life
1 2 3 4 5 6 7 8 9 10

Living situation
1 2 3 4 5 6 7 8 9 10

When not at work or school, what are you doing?

Who depends on you and for what?

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Who do you depend on and for what?

What do you and/or others consider your strengths?

What do you and/or others consider your weaknesses?

What do you expect to accomplish from therapy?

How long do you expect it to take, to accomplish that?

What do you most want from your therapist?

What would be most *unhelpful* to you in therapy? What *doesn't* work for you?

Please describe anything below that has yet to be covered, but you feel is relevant for your therapist:

** Therapy is typically most useful when meeting on a weekly basis.
If this isn't what you'd had in mind, please discuss with your therapist.*