

# Intake & Background Information

Name \_\_\_\_\_ Date \_\_\_\_\_ Favorite color \_\_\_\_\_

Preferred pronouns \_\_\_\_\_ Racial identity \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_ 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: \_\_\_\_\_

Do you smoke? What? How much? How often? \_\_\_\_\_

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

Approximate # of alcoholic drinks in an average week: \_\_\_\_\_ Caffeinated drinks: \_\_\_\_\_

Recent life challenges: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Occupation: \_\_\_\_\_

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



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Who depends on you and for what?

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Who do you depend on and for what?

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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      extremely fulfilled

Sleep                      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

Work                      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

Finances                  1 2 3 4 5 6 7 8 9 10

What do you and/or others consider your strengths?

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What do you and/or others consider your weaknesses?

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What do you expect to accomplish from therapy?

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

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What do you most want from your therapist?



## *Intake & Background Information*

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

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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.*