Intake Form

Please provide the following information and answer the questions below. Note: the information you provide here is protected as confidential information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Middle) (Last Name)

Birth Date: \_\_\_\_/ \_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: Male/Female

Marital Status: Never Married Separated Divorced Widowed

On a scale of 1-10, how would you rate this issue you’re coming in for today? \_\_\_\_\_\_\_\_

Please list any children/age:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number and Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (ZIP Code)

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May leave a message? Yes No

Cell/Other phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ May leave a message? Yes No

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we email you? Yes No

\*Please Note: email correspondence is not considered to be a confidential medium of communication.

What significant stressful events have you experienced recently?

What is your main concern today?

What would you like to accomplish as a result of your participation in the therapeutic process?

Finally, it is important to start the therapeutic process with the end in mind. Please do your best to identify three goals that you are currently hoping to achieve through therapy.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist us in better determining how clients become aware of our practice please identify the referral source that led you to our practice?

* American Psychological Association
* Psychologytoday.com
* Other online Source
* Former client
* Friend/Family
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_