

New client intake

This confidential form asks for information about your history and current life. Please complete this to the best of your ability and email/mail it to me at least 36-hours before our first scheduled appointment. Completing this form ahead of time allows us more time to discuss your concerns and questions, and identify goals for therapy when we meet. If you're not comfortable answering a question, just leave it blank. If you need more room to answer, please feel free to attach additional pages. Thank you!

Today's date:

Date of our scheduled first appointment:

How did you hear about me?

Name:

Age and DOB:

Identified gender and preferred pronouns:

Primary care physician's name and number:

Psychiatrist's name and number (if applicable):

Why are you seeking therapy at this time? Do you have specific goals for therapy?

Please list any previous mental health (MH) or substance abuse (SA) treatment history.

- 1.
- 2.
- 3.
- 4.
- 5.

Any particularly positive or negative therapy experiences?

Medical history

Do you have any food or drug allergies?

Have you had any significant injuries, surgeries, or illnesses?

Do you have chronic pain or chronic illnesses? How do you manage your pain or illness?

Current medications

Condition	Start date	Name	Current dose	Helpful?	Prescriber
1.					
2.					
3.					
4.					
5.					

For females

How old were you when you got your first period? Compared to your peers, were you a late or early bloomer?

Does/did your mood or behavior change just before your period?

Finally, please indicate if you are peri-menopausal, in menopause, or post-menopausal.

Developmental history

Did your birth mother experience any problems while pregnant with you or during/after delivery?

Did you achieve major milestones on time (walking, talking, potty training, etc.)?

Did you receive any early intervention therapies (speech, physical, occupational)?

Family background

Where were you born and raised?

What did/do your parent(s) do for a living?

Are you adopted? If so, please describe what you know about your birth parent(s)

Were you raised in a particular religion? Which one(s)?

Do you currently practice a particular religion?

Were any of your parents or grandparents born outside of the US?

What is the cultural and ethnic background of your family?

Have any of your blood relatives attempted or completed suicide?

Parents/step-parents

Names/ages	married/divorced	if deceased, age/cause of death	MH/SA*

*mental health (MH)/ substance abuse (SA) issues

Siblings

Name/gender	Age	Quality of relationship	MH/SA

Education

Highest grade completed and usual grades:

Are/were you involved with band, sports, or other activities at school?

Do/did you get into trouble at school for behavioral or attendance issues?

Do/did you have an IEP or 504 plans?

Do you have a learning difference or ADHD?

Employment

Do you have a job or volunteer position?

How long have you worked there?

How many hours do you work each week?

Please briefly describe your job responsibilities:

For veterans

Branch and dates of service; rank at discharge

Did you see combat?

Do/did you experience(d) PTSD symptoms?

Do/did you receive(d) services through the VA?

Personal issues

Please list significant life events (positive or not) and include your age at the time:

- 1.
- 2.
- 3.
- 4.

Do you have a history of trauma? Please provide only your age at the time(s) and the general nature of the abuse/ trauma (no details for now).

Do you feel safe at home?

Do you feel as though you have enough friends?

Who can you talk to when you're stressed?

Do you have any problematic relationships?

Are your friends or family supportive of therapy?

Are you currently in a committed relationship or married?

How long have you been with any current partner?

Are you separated/divorced or widowed?

How many times have you and/or your partner been pregnant?

Have you and/or your partner had any miscarriages or stillbirths?

Children

Name/gender	Age	Quality of relationship	

Have you experienced the death of a child?

Do any of your children have special needs?

Leisure time

What are your interests?

How do you relax?

How do you manage stress?

Last ones!

Do you have any concerns or questions about therapy?

Can you identify anything that might get in the way of our work together?

Please remember email/mail this completed form at least 36-hours before our first appointment. My email is confidential: amyebrown.lpc@gmail.com.

Thanks so much for your time!