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## Intake Form

### Demographic Information:

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

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

Who resides with you at this address? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

How do you identify? \_\_\_\_\_

Are you in a relationship, if so with whom? \_\_\_\_\_

Do you have children? If yes, please list \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

In case of an emergency, who should be contacted? \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

### Insurance Information:

Insurance Company (Name/ID #) \_\_\_\_\_

### General Health and Mental Health Information:

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? \_\_\_\_\_

If Yes, previous therapist/practitioner/experience/diagnosis:

\_\_\_\_\_

Are you currently taking any prescription psychiatric medication? \_\_\_\_\_

If Yes, please list \_\_\_\_\_

Have you ever been hospitalized for a psychiatric reason? \_\_\_\_\_

If yes, please describe

\_\_\_\_\_

Please list any specific health problems you are currently experiencing or have been diagnosed with:

\_\_\_\_\_

Are you currently taking any prescription medication for a medical reason \_\_\_\_\_

If Yes, please list \_\_\_\_\_

Are you currently taking any vitamins and or natural supplements \_\_\_\_\_

If Yes, please list \_\_\_\_\_

Please list any significant past illnesses or injuries including hospitalizations/surgeries:

\_\_\_\_\_

How often do you drink alcohol? \_\_\_\_\_

How often do you engage recreational drug use? \_\_\_\_\_

Have you ever been treated for alcohol and or substance abuse? \_\_\_\_\_

If yes, please list

\_\_\_\_\_

How would you describe your childhood?

\_\_\_\_\_

Who do you consider to be your support system?

\_\_\_\_\_

Religious/Spiritual Beliefs:

\_\_\_\_\_

**Additional Information:**

Are you currently employed? \_\_\_\_\_

If yes, occupation: \_\_\_\_\_

Do you enjoy your work? Is there anything stressful about your work?

\_\_\_\_\_  
What significant life changes or stressful events have you experienced recently?

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

What is motivating you to seek treatment at this time?

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

What would you like to accomplish out of your time in therapy?

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

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