

# Intake Form

The following questions will help your therapist understand your goals for starting psychotherapy.

Personal information

Client's full name

Client's full legal name

The client's full legal name is required to coordinate and bill care with health insurance

Client's preferred name

Preferred name

Who is completing this form?

☐ Client / self

☐ Parent / guardian

☐ Authorized representative

Emergency contact

Full name

Full name of emergency contact

Relationship to client

Relationship to client

Phone number

Phone number

Background

Race (select all that apply)

Select

Ethnicity (select all that apply)

Select

Client's preferred language

☒ English

☐ Spanish

☐ Other

Sexual Identity (select all that apply)

Select

Relationship status

Select

Home / living situation

Select

Employment / school status

Select

Therapy goals

In your own words, what is the reason for seeking care at this time? Describe any current problems as you see them.

Describe your reasons for seeking care

What are your goals for therapy / what would you like to accomplish?

Describe your goals for therapy

Health history

Are you currently under treatment for any medical condition?

☐ Yes

☐ No

Have you had any prior illnesses, operations, or accidents?

☐ Yes

☐ No

Are you currently taking any psychiatric medications?

☐ Yes

☐ No

Are you currently taking any non-psychiatric medications?

☐ Yes

☐ No

Do you have a primary care physician?

☐ Yes

☐ No

Do you have a psychiatrist?

☐ Yes

☐ No

Behavioral health treatment history

Have you had any prior mental health treatment?

☐ Yes

☐ No

Have you ever been psychiatrically hospitalized?

☐ Yes

☐ No

Do you drink alcohol, use recreational/street drugs or take prescription medications that are not prescribed to you?

☐ Yes

☐ No

☐ Prefer not to answer

Do you have a history of drinking alcohol, using recreational/street drugs or taking prescription medications that were not prescribed to you?

☐ Yes

☐ No

☐ Prefer not to answer