DEMOGRAPHICS INTAKE

Today's Date: _____ Legal Name: _____

Preferred Name or Nickname: _____

Client's DOB: _____ Phone Number: _____

Email: _____

Home Address: _____

Referral Source: _____

Emergency Contacts Phone Number/Name:

_____ _____

_____ _____

Medical Conditions: _____

_____

Mental Health Diagnosis: _____

Allergies: _____

Legal Gender (required by insurance): _____

Gender Identity: _____ Pronouns: _____

Reason for Beginning Therapy: _____

_____

_____

_____

Current Therapy goals: _____

_____

_____

_____

How would you know that therapy was helpful for the client if you look back after the experience?

_____

_____

On a scale of 1-10 please rate the following related to Client.
(1 represents the lowest amount of disturbance and 10 represent the highest amount.)

Depression: 1 2 3 4 5 6 7 8 9 10

Anxiety: 1 2 3 4 5 6 7 8 9 10

Current Level of Suicidal ideation: 1 2 3 4 5 6 7 8 9 10

Rate your overall level of satisfaction in life: 1 2 3 4 5 6 7 8 9 10

Does the client have a psychiatrist? Yes ☐ No ☐

Name: _____

Any history of medical or psychiatric hospitalizations? _____
If so, how many and where?

_____

_____

Any medicines for psychiatric purposes? Yes ☐ No ☐

If so, please list:

_____

_____

_____

_____

MEDICAL HISTORY

Primary Care Provider _____ Phone Number _____

Date of last visit? _____

Would you like us to inform your medical provider of the therapy your child receives here? Yes ☐ No ☐

Is there a past or present history of substance abuse? Please explain:

_____

_____

Please list any history of family members with previous mental health diagnosis:

_____

_____

_____

_____

Please list any Prescription Medications: (Include Dosage and Duration):

_____

_____

_____

_____

Please describe the most concerning symptoms you have experienced in the last 3 months.

_____

_____

_____

_____

What would you say is the biggest reason in your opinion you have been struggling?
Please list any recent triggers.

_____

_____

_____

_____

_____

How could either individual or group therapy be most helpful to you at this time?

Have you had previous positive or negative experiences with counseling?
If so please describe what was helpful or hurtful in your opinion: