INTAKE/HISTORY

LEGAL NAME				NAME YOU PREFER TO BE CALLED	
DOB		AGE		GENDER	

HOW ARE YOU HOPING THERAPY WILL BE HELPFUL?

WHAT MENTAL HEALTH-RELATED SERVICES HAVE YOU HAD IN THE PAST?

INDIVIDUAL THERAPY	☐	FAMILY THERAPY	☐	OTHER:	☐
INTENSIVE OUTPATIENT THERAPY	☐	COUPLES THERAPY	☐		
IN-HOME THERAPY	☐	GROUP THERAPY	☐		
PARTIAL HOSPITALIZATION	☐	RESIDENTIAL TREATMENT	☐		
IN-PATIENT HOSPITALIZATION	☐	SUPPORT GROUP	☐		

PAST DIAGNOS(ES):

PRIMARY CARE PROVIDER		**DATE LAST SEEN**	
PSYCHIATRIC CARE PROVIDER		**DATE LAST SEEN**	
OTHER THERAPIST		**DATE LAST SEEN**	

HAVE YOU EVER HAD …?

HEAD INJURY	☐	FREQUENT HEADACHES	☐	NEUROLOGICAL DISEASE/DISORDER	☐
BRAIN SURGERY	☐	SEIZURE	☐	STROKE/TIA	☐
BRAIN INFECTION	☐	MIGRAINE HEADACHES	☐	LOSS OF CONSCIOUSNESS DUE TO LACK OF OXYGEN OR BLOW TO HEAD	☐

PHYSICAL HEALTH CONCERNS/CONDITIONS

CURRENT MEDICATIONS AND SUPPLEMENTS	DOSAGE	WHEN STARTED	CONDITION TREATED

CURRENT EXPERIENCES/CONCERNS

SAD/DEPRESSED MOOD	☐	TIRED/NOT MUCH ENERGY	☐
CRY EASILY/OFTEN	☐	HYPER/TOO MUCH ENERGY	☐
GRIEF	☐	DIFFICULTY LEAVING HOME/GOING OUT	☐
LOSS OF INTEREST IN THINGS	☐	PROBLEM GETTING MOTIVATED	☐
FREQUENT ANXIETY/WORRY	☐	LOW SELF-ESTEEM	☐
PANIC ATTACKS	☐	NEGATIVE BODY IMAGE	☐
JUMPY/EASILY STARTLED	☐	DON'T FEEL CONNECTED TO BODY	☐
IRRITABLE MOOD	☐	EASILY EMBARRASSED	☐
ANGRY MOOD	☐	VERY FOCUSED ON APPEARANCE	☐
MOOD SWINGS	☐	NOT CARING ABOUT APPEARANCE	☐
RAGES/TANTRUMS	☐	NOT BATHING/CARING FOR BODY	☐
ATTENTION PROBLEMS/EASILY DISTRACTED	☐	DIFFICULTY SITTING STILL/ANTSY	☐
DIFFICULTY FOCUSING/CONCENTRATING	☐	SOCIAL ANXIETY	☐
DIFFICULTY FOLLOW INSTRUCTIONS	☐	SHYNESS CAUSES PROBLEMS	☐
MEMORY PROBLEMS	☐	SOCIAL WITHDRAWAL	☐
WORRIES ABOUT MY MENTAL HEALTH	☐	LONELINESS	☐
OFTEN CONFUSED	☐	DIFFICULTY TRUSTING OTHERS	☐
FREQUENT DAYDREAMING	☐	TRUST OTHERS TOO EASILY	☐
LOST TIME	☐	CONFLICTS WITH FAMILY	☐
INTRUSIVE/UNWANTED THOUGHTS/MEMORIES	☐	CONFLICTS AT WORK/SCHOOL	☐
OFTEN THINKING ABOUT DEATH/DYING	☐	CONFLICTS WITH AUTHORITIES	☐
THOUGHTS OF SUICIDE	☐	DATING DIFFICULTIES	☐
THOUGHTS OF SELF-HARM	☐	RELATIONSHIP CONCERNS	☐
USE DRUGS/ALCOHOL TO MANAGE WHAT I DO/DON'T FEEL	☐	SEXUALITY-RELATED CONCERNS	☐
THOUGHTS OF HURTING OTHERS	☐	WORRY ABOUT LOSS OF LOVED ONE	☐
COMPULSIONS/STRONG URGES	☐	SELF-INJURY	☐
RACING THOUGHTS	☐	RISK-TAKING BEHAVIOR	☐
FLASHBACKS	☐	AGGRESSIVE BEHAVIOR	☐
HEARING VOICES	☐	PROBLEMATIC/HARD-TO-CONTROL BEHAVIOR	☐
UNUSUAL SENSORY EXPERIENCES	☐	PHOBIAS/EXTREME FEARS	☐
PROBLEMS FALLING OR STAYING ASLEEP	☐	STRESSED/FEELING UNDER PRESSURE	☐
SLEEPING TOO MUCH	☐	FEAR/WORRY ABOUT BEING JUDGED	☐
SLEEPWALKING	☐	HARD TIME THROWING THINGS AWAY	☐
UPSETTING DREAMS/NIGHTMARES	☐	CONCERNS ABOUT CLUTTER AT HOME	☐
CONCERNS ABOUT DRUG/ALCOHOL USE	☐	RARELY/NEVER FEEL SAFE	☐
FREQUENT/STRONG CRAVINGS	☐	SECRETS THAT BOTHER ME	☐
APPETITE/EATING CONCERNS	☐	FEELING GUILTY OR ASHAMED	☐
WEIGHT/DIET CONCERNS	☐	HOPELESSNESS	☐
STOMACH ACHES	☐	PERFECTIONISM	☐
CHRONIC PAIN	☐	CONCERNS ABOUT HOUSING/LIVING SITUATION	☐

FEELING UNLOVABLE/UNWORTHY	☐	TICS/UNCONTROLLABLE MOVEMENTS	☐
CAN'T STOP THINKING ABOUT SOMETHING	☐	VERY IMPULSIVE	☐
EXTREMELY REGRETFUL	☐	FEELING OUT OF CONTROL	☐
PROBLEMS GETTING THROUGH DAY	☐	EASILY UPSET	☐
PROBLEMATIC RITUALS/BEHAVIOR	☐	IDENTITY-RELATED CONCERNS	☐
DIFFICULTY CALMING DOWN/STAY UPSET LONG TIME	☐	GOING TO EXTREMES TO AVOID REMINDERS OF PAST EXPERIENCES/SITUATIONS	☐
DIFFICULTY ADJUSTING TO NEW LIFE CIRCUMSTANCES/SITUATION	☐		

OTHER PROBLEMS/CONCERNS

WHAT IS THE BIGGEST CHALLENGE/PROBLEM YOU ARE CURRENT FACING?

HOW DO YOU MANAGE STRESS?

WHAT STRENGTHS, SKILLS, AND/OR TRAITS ARE YOU MOST PROUD OF?

EARLY LIFE

PLEASE LIST ANY HEALTH OR DEVELOPMENTAL PROBLEMS YOU EXPERIENCED AT BIRTH OR DURING CHILDHOOD.

PLEASE TELL A LITTLE ABOUT WHERE YOU GREW UP, WHOM YOU LIVED WITH, AND WHAT IT WAS LIKE.

PLEASE TELL A LITTLE ABOUT YOUR SCHOOLING AND ANY LEARNING- OR EDUCATION-RELATED CONCERNS.

WHEN YOU WERE A CHILD, WERE YOU OR YOUR FAMILY BEEN AFFECTED BY ANY OF THE FOLLOWING?					
LOTS OF ARGUING/CONFLICT	☐	OTHER ABUSE/ASSAULT	☐	DISCRIMINATION	☐
CUSTODY/VISITATION DISPUTE	☐	FINANCIAL DIFFICULTIES/POVERTY	☐	DISASTER	☐
FAMILY VIOLENCE/ABUSE	☐	HOMELESSNESS/HOUSING INSECURITY	☐	COMMUNITY VIOLENCE	☐
ILLNESS/INJURY/PHYSICAL DISABILITY	☐	DIFFICULT MOVE/LIFESTYLE CHANGE	☐	HOMICIDE/ATTEMPTED MURDER	☐
MENTAL ILLNESS/DISABILITY	☐	EMPLOYMENT DIFFICULTIES	☐	MILITARY SERVICE/COMBAT	☐
SUICIDE ATTEMPT/SUICIDE	☐	LEGAL DIFFICULTIES	☐	WAR/TERRORISM	☐
SUBSTANCE ABUSE/OVERDOSE	☐	INCARCERATION	☐	IMMIGRATION/REFUGEE STATUS	☐
BULLYING/HARASSMENT	☐	CHILD WELFARE SYSTEM INVOLVEMENT	☐		☐

ADULT EXPERIENCES

PLEASE TELL A LITTLE ABOUT HOW YOU THINK YOUR EXPERIENCES AS A CHILD IMPACT YOU TODAY.

AS AN ADULT, HAVE YOU OR YOUR FAMILY BEEN AFFECTED BY ANY OF THE FOLLOWING?					
LOTS OF ARGUING/CONFLICT	☐	OTHER ABUSE/ASSAULT	☐	DISCRIMINATION	☐
CUSTODY/VISITATION DISPUTE	☐	FINANCIAL DIFFICULTIES/POVERTY	☐	DISASTER	☐
FAMILY VIOLENCE/ABUSE	☐	HOMELESSNESS/HOUSING INSECURITY	☐	COMMUNITY VIOLENCE	☐
ILLNESS/INJURY/PHYSICAL DISABILITY	☐	DIFFICULT MOVE/LIFESTYLE CHANGE	☐	HOMICIDE/ATTEMPTED MURDER	☐
MENTAL ILLNESS/DISABILITY	☐	EMPLOYMENT DIFFICULTIES	☐	MILITARY SERVICE/COMBAT	☐
SUICIDE ATTEMPT/SUICIDE	☐	LEGAL DIFFICULTIES	☐	WAR/TERRORISM	☐
SUBSTANCE ABUSE/OVERDOSE	☐	INCARCERATION	☐	IMMIGRATION/REFUGEE STATUS	☐
BULLYING	☐	CHILD WELFARE SYSTEM INVOLVEMENT	☐		☐

PLEASE DESCRIBE YOUR EMPLOYMENT HISTORY AND ANY WORK-RELATED CONCERNS.
PLEASE DESCRIBE ANY LEGAL CONCERNS/COURT CASES AFFECTING YOU OR YOUR LOVED ONES.
PLEASE DESCRIBE YOUR SPIRITUAL/RELIGIOUS PRACTICES, BELIEFS, AND/OR COMMUNITY, IF ANY.

WHAT ACTIVITIES DO YOU ENJOY?

HOW DO YOU DESCRIBE YOUR SEXUAL ORIENTATION AND/OR IDENTITY?
PLEASE DESCRIBE ANY SEXUAL CONCERNS.

WHAT IS YOUR CURRENT RELATIONSHIP STATUS?		FOR HOW LONG?

HOUSEHOLD MEMBERS			
NAME	**RELATIONSHIP**	**AGE**	**GENDER**

PLEASE LIST ANY CHILDREN OR OTHER LOVED ONES WHO DON'T LIVE WITH YOU, BUT IT IS IMPORTANT FOR ME TO KNOW ABOUT.			
NAME	**RELATIONSHIP**	**AGE**	**GENDER**

PLEASE TELL ME ANYTHING YOU THINK WOULD BE HELPFUL FOR ME TO KNOW ABOUT YOUR IDENTITY SO THAT I CAN BETTER APPRECIATE YOUR EXPERIENCES. THIS MAY INCLUDE INFORMATION RELATED TO RACE, ETHNICITY, LANGUAGE, RELIGION, CULTURE, SEXUALITY, PLACE OF ORIGIN, MILITARY SERVICE, ETC.

DATE COMPLETED	