

---

### Intake Questionnaire

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital status: \_\_\_\_\_ If divorced, separated, or widowed, how long? \_\_\_\_\_

Sex/gender: \_\_\_\_\_ Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

Home address: \_\_\_\_\_

With whom do you live (name/relationship)? \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

(Please circle which is the best communication method above.)

Can I contact you by text?  Yes  No Can I leave a message on your home or cell phone?  Yes  No

Name/relationship of emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

For clients under 18 years of age:

Name of parent/legal guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Employment Information:

On sick or injured leave, as of this date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

*At the time of my sick or injured leave, I was:*

Full-time or  Part-time at: \_\_\_\_\_ Position: \_\_\_\_\_

*Currently:*

Full-time at: \_\_\_\_\_ Position: \_\_\_\_\_

Part-time at: \_\_\_\_\_ Position: \_\_\_\_\_

Not working because: \_\_\_\_\_

What has been your favorite job and why? \_\_\_\_\_

What has been your least favorite job and why? \_\_\_\_\_

What would your employers have said about you?  
\_\_\_\_\_  
\_\_\_\_\_

#### Academic Information:

Not attending school. Highest level completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

Currently full-time at: \_\_\_\_\_ Grade/year to graduate: \_\_\_\_\_

Program: \_\_\_\_\_ Typical grades: \_\_\_\_\_

Currently part-time at: \_\_\_\_\_ Grade/year to graduate: \_\_\_\_\_

Program: \_\_\_\_\_ Typical grades: \_\_\_\_\_

What would your teachers have said about you?  
\_\_\_\_\_  
\_\_\_\_\_

**How You Found Me:**

- Word of mouth  I'm a former client  Psychology Today
- Google, using these words: \_\_\_\_\_
- Other search engine (specify), using these words: \_\_\_\_\_
- Other: \_\_\_\_\_

**Reason(s) For Your Visit, Including What Happened To Prompt You To Seek Help At This Time:**

---

---

---

---

---

How intense is your emotional distress? (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

Please describe: \_\_\_\_\_

---

Overall, how much do your concerns affect your ability to perform at work or school, get along with others, and perform daily tasks such as chores? (Mildly disruptive) 1 2 3 4 5 (Incapacitating)

Please describe: \_\_\_\_\_

---

When did these problems start? What was going on in your life at that time?

---

---

---

---

---

**Medical and Mental Health History:**

Please list any medical or physical problems you have been diagnosed with.

---

---

---

Have you had any significant medical issues or procedures currently or in the past? If yes, please describe, including how these issues affect you today.

---

---

---

---

Please list any medications (including for mental health issues) you currently take, and what you take them for.

---

---

---

Do you see a doctor regularly?  Yes  No If no, why not? \_\_\_\_\_

Do you see a dentist regularly?  Yes  No If no, why not? \_\_\_\_\_

Please list any psychiatric or "mental" problems you have been diagnosed with.

---

---

---

Do you see a psychiatrist or ARNP?  Yes  No

If so, name and phone number of your prescriber: \_\_\_\_\_

Have you ever been hospitalized for psychological or psychiatric reasons?  Yes  No

If yes, please describe when and where you were hospitalized and for what reasons.

---

---

---

Are you currently suicidal?  Yes  No

Have you been suicidal in the past?  Yes  No

If yes, please describe the circumstances:

---

---

---

Please tell me about any other mental health professionals you have consulted in the past (approximate dates, type of professional seen, reason for the consultation, nature of the treatment, outcome of the treatment, etc).

---

---

---

---

---

---

**Current Habits:**

*Please describe your current habits in each of the following areas:*

Smoking:

---

Gambling:

---

Drinking:

---

Drug use:

---

Caffeine intake:

---

Pornography:

---

Exercise:

---

Eating:

---

Sleeping:

---

Fun and relaxation:

---

Have you ever had any addiction issues in the past? If so, what, when, for how long, and how did you overcome it (if it is not a current addiction):

---

---

**Relationships:**

*Please use a few words to describe your relationships with each of the following people, as applicable:*

Biological Mother:

---

Biological Father:

---

Adoptive Mother:

---

Adoptive Father:

---

Step-parents:

---

Legal guardians:

---

Siblings:

---

Extended family:

---

Your children:

---

Friends:

---

Romantic partner(s):

---

Colleagues or classmates:

---

Total number of close, supportive relationships:

---

**Stressful Life Events:**

*Please describe any current significant or stressful life events that you have been experiencing:*

	No	Yes	If yes, please describe
Economic problems?			
Marital problems?			
Legal issues or crime?			
Cultural issues?			
Lack of support?			
Social problems?			
Educational or occupational difficulties?			
Difficulties with children or parents?			
Grief or bereavement?			
Other?			

**Trauma Experiences:**

Have you experienced any sort of trauma in your life? These might include childhood sexual, mental, verbal, or physical abuse; domestic violence; being a victim of a crime; witnessing an accident; war/deployment, etc.

---

---

---

---

Have you experienced any head injuries? If yes, please describe what happened and any lasting impact.

---

---

---

**About You:**

What are your positive qualities and skills? What do you like about yourself? What qualities have helped you succeed at overcoming difficulties in the past?

---

---

---

---

How would you describe yourself?

---

---

Please tell me about your plans for the future (career, personal, etc.).

---

---

How motivated do you feel to work on things in therapy?

---

---

What are your goals for therapy? What would you like to achieve by attending therapy?

---

---

---

---

What concerns do you have about attending therapy or working on these problems?

---

---

Is there anything else you would like to mention?

---

---

---

---

---