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# INTAKE FORM

Please provide the following information to the extent you are comfortable. Note: information you provide here is protected as confidential information.

Name: _____ _____
First, Middle Initial, Last Date

中文姓名:_____

Name of parent/guardian (if under 18 years):

_____ _____
Date

Birth Date: _____ /_____ /_____ Age: _____ Gender: _____

Address: _____

Referred by (if any): _____

May I leave what's app/phone/text messages for you? □Yes □No

Home Phone: _____ Mobile/Other Phone: _____

May I email you? □No □Yes

E-mail address: _____
(Please note: Email correspondence cannot be guaranteed to be confidential)

Marital Status: □ Never Married □ Domestic Partnership □ Married □ Separated □ Divorced □ Widowed Children/ages:

Do you have current or past psychotherapists, psychiatrists or spiritual directors? □ No □ Yes

Current therapist/director & dates: _____

Past therapists/directors & dates:

_____

_____

_____

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Are you currently taking any prescription medications? □ No □ Yes. Please list with doses:

_____

_____

_____

Have you ever been prescribed psychiatric medication? □ No □ Yes Please list with doses and dates:_____

_____

**GENERAL HEALTH INFORMATION**

1. Please rate current physical health?

□ Poor □ Unsatisfactory □ Satisfactory □ Good □ Very good

Please list any specific health problems you are currently experiencing:

_____

2. Please rate your current sleeping habits? (please circle)

□ Poor □ Unsatisfactory □ Satisfactory □ Good □ Very good

Please list any specific sleep problems you are currently experiencing:

_____

3. How many times per week do you exercise? What types of exercise ?

_____

4. Please list any difficulties you experience with your appetite or eating patterns.

_____

5. Are you currently experiencing overwhelming sadness, grief or depression? □ No

If yes, for approximately how long?_____

Have you ever felt suicidal or attempted suicidal? If yes, how many times?

_____

6. Are you currently experiencing anxiety, panic attacks or have any phobias? □ No

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If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain? □ No □ Yes Please describe?

_____

_____

8. Amount and frequency of alcohol per week: _____

9. Recreational drug use: □ Daily □ Weekly □ Monthly □ Infrequently □ Never. Drugs of choice:

10. Are you currently in a romantic relationship? □ No □ Yes For how long? _____

On a scale of 1-10, how would you rate your relationship? _____

11. Please list any significant life changes or stressful events you have experienced recently:

_____

_____

_____

_____

12. What have been some important turning points in your life?

_____

_____

_____

_____

13. What are you passionate about?

_____

_____

14. What brings you joy and wonder?

_____

_____

15. What artistic, music, sports or other interests do you enjoy?

_____

_____

16. What, if any, spiritual or religious interest and/or commitments do you have?

_____

_____

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**FAMILY MENTAL HEALTH HISTORY**

Please identify any family history of the following, indicating the family member's relationship to you (father, grandmother, uncle, etc.).

_____

Alcohol/Substance Abuse: _____

Anxiety Depression: _____

Domestic Violence:_____

Eating Disorders: _____

Obesity:_____

Obsessive Compulsive Behaviour: _____

Schizophrenia:_____

Suicide Attempts: _____

**ADDITIONAL INFORMATION**

1. Are you currently employed? □ No □ Yes

What is your current employment situation?

_____

_____

Do you enjoy your work? _____

Is there anything stressful about your current work?

_____

_____

2. What do you consider to be some of your strengths?

_____

3. In what areas do you feel less strong or more vulnerable?

_____

4. What would you like to accomplish in our work together?

_____

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5. If I were having a really good day, I would be doing the following:

_____

Life would no longer be worth living if I was not able to:

_____

Life would no longer be worth living if I had to:

_____

6. Is there anything more you would like me to know? (Please use reverse side if necessary)

_____
_____
_____