

# CLIENT INTAKE FORM

\* All information is strictly confidential \*

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## DEMOGRAPHIC DATA:

Who is currently living in your household?

Name	Age	Relationship to You
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## MEDICAL HISTORY:

Current medications you are currently taking:

Name	Total daily dose	Times per day	Reason	Prescribing Dr.
1.				
2.				
3.				
4.				
5.				

Past medications you've taken for medical or psychological reasons (list name only)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

What medications do you feel are helping or have worked for you? What medications, if any, have not helped or worked for you?

Have you ever been or are you currently under the care of a psychiatrist?

Please list the names:

Have you ever had a serious and/or life threatening illness or injury? Yes, please explain.

**FAMILY HISTORY: The following will be quite helpful to me. If you have any questions, please do not hesitate to ask me. I will be happy to explain any of the following.**

Does anyone in your immediate or extended family have the following illnesses or problems?

Include brothers, sisters, father, mother, grandparents, aunts, uncles, cousins, your children

	Circle Y or N	Relationship (father, aunt, brother, etc.)
Illness	Y N	_____
Depression	Y N	_____
Manic Depression	Y N	_____
Nervous Breakdown	Y N	_____
Psychiatric Hospital	Y N	_____
Delayed Reading	Y N	_____
Mental Retardation	Y N	_____
Attention Problems	Y N	_____
Hyperactivity	Y N	_____
Heavy Drinking	Y N	_____
Drug Abuse	Y N	_____

**FAMILY HISTORY CONTINUED:**

	Circle Y or N	Relationship (father, aunt, brother, etc.)
Suicide	Y N	_____
Stealing	Y N	_____
School Phobia	Y N	_____
Epilepsy	Y N	_____
Felony Conviction	Y N	_____
Anxiety Disorder	Y N	_____
Bedwetting	Y N	_____
Aggressive Outbursts	Y N	_____
Schizophrenia/Psychosis	Y N	_____
Autism/Aspergers	Y N	_____
Eating Disorder	Y N	_____
Insomnia	Y N	_____
Any Genetic Disorder	Y N	_____
Other	Y N	_____

Please indicate if the following have occurred in the family:

	Date(s)	Indicate Self or Family	Description/Comments
Parental Divorce	_____	_____	_____
Separation	_____	_____	_____
Marital Problems	_____	_____	_____
Domestic Violence	_____	_____	_____
Excessive Conflict	_____	_____	_____
Death of Parent	_____	_____	_____
Death of Sibling	_____	_____	_____
Death of Grandparent	_____	_____	_____
Miscarriage	_____	_____	_____
Alcohol Abuse	_____	_____	_____
Drug Abuse	_____	_____	_____
Move to New Home	_____	_____	_____
Adoption	_____	_____	_____
Physical/Sexual/Emotional Abuse	_____	_____	_____
Significant Hospitalizations	_____	_____	_____
Significant Illnesses	_____	_____	_____

Other marriages or live-in Relationships (past and present):

Partner's Name	Date of Relationship	Children's Names	Length of Time Together
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Describe your relationship with the following extended family members (if applicable).

1. Partner's Parents	Excellent	Good	Fair	Poor
2. Your Parents	Excellent	Good	Fair	Poor
3. Partner's Siblings	Excellent	Good	Fair	Poor
4. Your Siblings	Excellent	Good	Fair	Poor
5. Partner's Children	Excellent	Good	Fair	Poor
6. Your Children	Excellent	Good	Fair	Poor
7. Other: _____	Excellent	Good	Fair	Poor

Family Religion (if applicable):

**SOCIAL HISTORY: Some of these questions may be difficult to answer, but they help me to help you. This information is strictly confidential.**

How many significant friends do you have?

How often do you see these friends?

If you are in a relationship, how would you rate the following (1-10) and why?

1. Quality of communication
2. Sexual interaction
3. Friendship
4. Trust
5. Ability to manage anger

Are you in a relationship with a person who physically hurts or verbally hurts you? Yes or No

If so, do you feel controlled or isolated by this person? Yes or No

Do you feel afraid and/or in danger? Yes or No

Are you concerned about a family member or friends drug and/or alcohol use? Y or N

Are you concerned about your drug and/or alcohol use? Y or N

Have you ever been treated for drug and/or alcohol abuse? Y or N

If applicable, how long have you been clean and sober?

Do you have a sponsor with whom you work? Y or N

Have you ever been arrested, accused, or convicted of a crime? What crimes? When did this occur?

**MAJOR STRESSORS AND COPING STRATEGIES:**

List and explain the three biggest stressors in your life right now.

1.

2.

3.

Are there any other major stressors that have occurred in your lifetime and have had a lasting effect on you?

How and what do you do to cope when you are under stress?