

## CLIENT INTAKE

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

What brings you to therapy?

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Have you ever or are you currently thinking about suicide? Have you ever attempted suicide?

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Have you ever or are you currently having thoughts of harming others?

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### IDENTIFICATION

Client's Age: \_\_\_\_\_ Ethnic/Social/Cultural/Racial Identities: \_\_\_\_\_

Spirituality/Religion: \_\_\_\_\_ Sexual Identity: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Partner's Name if applicable \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Who referred you? How did you find me? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Regarding reason(s) for seeking therapy at this time, when did the problem start? Please describe the issues you are having and any symptoms, including frequency and duration.

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### PSYCHIATRIC HISTORY

Have you ever had an inpatient, partial hospitalization/day treatment and/or intensive outpatient treatment? If yes, please elaborate:

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Have you ever been in talk therapy/psychotherapy before? If yes, please provide dates and name(s) of providers:

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**TRAUMA HISTORY**

Did you ever or are you currently serving in the military? \_\_\_\_\_

If yes, did you ever deploy? \_\_\_\_\_ If yes, where and when:

Is anyone currently harming you financially, verbally, physically, emotionally or sexually? \_\_\_\_\_

Has anyone ever harmed you in these ways? \_\_\_\_\_ If yes, please elaborate:

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**FAMILY PSYCHIATRIC HISTORY**

Is there any history of mental illness, substance abuse or suicide attempts on your mother's side of the family?

If yes, please elaborate:

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Is there any history of mental illness, substance abuse or suicide attempts on your father's side of the family? If yes, please elaborate:

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Is there anyone in your immediate or extended family who has problems with alcohol or other drugs?

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**MEDICAL CONDITIONS & HISTORY** (Significant past or current physical illness, injuries, allergies, hospitalizations. Please include dates or ages)

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Do you sleep well?

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How is your appetite?

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Have you ever had, or do you currently have, an eating disorder?

Have you ever had a head injury? \_\_\_\_\_ If yes, please elaborate:

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Name of your primary medical provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last exam with primary medical provider: \_\_\_\_\_

**CURRENT MEDICATIONS**

Please list any medications you are currently prescribed, prescribing physician, and reason for the prescription:

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**SUBSTANCE USE** (Please describe any past or current use of alcohol and/or drugs)

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Have you ever or are you currently being affected by someone else's drinking or drug use?

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**FAMILY HISTORY**

Please describe your family. Please list the members of your family, ages, where they live, and what your relationship is like with each member:

Parent \_\_\_\_\_

Parent \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Others \_\_\_\_\_

Who was in your home growing up? Are/Were your parents married?

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Please describe your upbringing:

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**SOCIAL HISTORY**

Do you have close friends? Can you talk to them when you are having a tough time?

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Who can you rely on when you're struggling?

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What do you like to do for fun?

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What helps you to relax or manage stress?

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**DEVELOPMENTAL HISTORY**

Were you ever diagnosed with a learning disability?

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Did you have any trouble in school?

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Did you have any delays in speech or walking?

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**EDUCATION / OCCUPATIONAL HISTORY**

Are you currently in school? \_\_\_\_\_ If yes, what are you studying and where?

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What is the highest degree or level of school you have completed?

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Please describe your current employment if applicable:

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How long have you been at this job? \_\_\_\_\_

Please describe your past employment:

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**LEGAL HISTORY**

Have you ever been arrested? \_\_\_\_\_ If yes, please describe reason for arrest, sentencing if any, and length of incarceration:

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**STRENGTHS AND CHALLENGES**

What are your strengths?

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What are the things about yourself that you feel get in your way?

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**SHORT TERM AND LONG GOALS** (Main areas that you would like to address in therapy)

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Is there anything else you would like me know?

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