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Welcome! I am glad you have decided to work with me and I look forward to meeting with you soon. The following questionnaire will help us to get started by asking you many questions about your life. Please take about 45 minutes to thoughtfully complete this confidential intake form and bring it with you to our first session. Some questions may seem too personal or uncomfortable, but answer the best way that you can and we can talk further when you come in.

Confidential Intake Information
Please PRINT this confidential questionnaire; to protect your confidentiality, it cannot be completed on line.

Anything you share with me, here and in our sessions, is completely confidential and will not ever be released to anyone without your direct and written permission.

Date:

Presenting concerns

Please state in your own words what brings you to seek help at this time:

_____

_____

_____

When did this problem begin? _____

How has it developed and how severe is it now?

_____

Do you smoke? _____

Do you use alcohol? _____

Do you use other drugs (not as prescribed) for personal enjoyment/recreation? _____

If yes, how much and how often:

_____

_____

Have you ever tried to cut down or felt guilty about your use? _____

Do you use more or less when under stress? _____; when alone? _____; when angry? _____ ; on weekends? _____

How does it affect your mood and functioning, better or worse?

_____

Did (does) anyone in your family have problems with alcohol or drugs?

_____

Who have you previously consulted about your present problem(s):

_____

Personal Information

1. **Name**: _____

2. **Street address**: _____

3. **City, State, ZIP**: _____

4. **Phone** # (s) Home: _____ Work: _____ Cell: _____

5. **Email address:** _____@_____ 6. **Date of birth**: _____

7. **General health**: excellent good fair poor

Current medications: _____

Current primary physician: (name and telephone) _____

8. **Primary Relationship**:

____ Single ____ Married or in a committed partnership ____Divorced ____ Widowed

With whom are you now living (names, ages, relationship) _____

_____

_____

9. Emergency contact: (name, phone, relationship)

_____

Personal History

10. **Circle any of the following words that apply to you:**

Worthless	Useless	Life is empty	Alone	Stubborn
Dishonest	Naive	Inadequate	Bored	Needy
Incompetent	Evil	Hurtful	Anxious	Mean
Guilty	Horrible thoughts	Ugly	Depressed	Proud
Cowardly	Misunderstood	Fearful	Naïve	Angry
Hopeless	Resentful	Confused	Shy	Weight gain/loss
Unable to relax	Hostile	In conflict	Sexual problems	Misunderstood
Inferiority	Suicidal ideas	Alcoholism	Afraid of being weak	
Afraid of making mistakes		Drug Addiction	Difficulty Concentrating	

11. **And any of the following which also apply:**

Competent	Assertive	Open	Kind	Playful	Honest
Responsible	Attractive	Optimistic	Confident	Loyal	Funny
Sensitive	Creative	Strong	Gentle	Loving	Persistent
Understanding	Glad to be alive	Intelligent	Generous	Faithful	Spiritual
Competent	Determined	Peaceful	Wise	Willing	Hopeful

12. **Finally, circle any of the following difficulties that you have experienced recently:**

Headaches	Weight gain/loss	Financial problems	Insomnia
Nightmares	Dislike your body	Shy with people	Abused
Feel tense	Anxious/Panicky	Sexual difficulties	Insecurity
Memory problems	Lonely	Difficulty concentrating	Suicidal thoughts
Can't make friends	Nightmares	Fatigue	

13. **Do you struggle with any of the following addictive behaviors**: (something you do not seem to be able to stop doing that has an ongoing negative effect on you or others)

Gambling	Overeating	Alcohol or drugs	Internet
Sexual activity	Smoking	Purchasing	Other _____

14. **Who are the three most important people in your life?**
    (1) _____
    (2) _____
    (3) _____

15. **What do you do with your free time?**

_____

16. **How would you be described by:**

    (1) **Your best friend?** _____
    (2) **Your partner or spouse?** _____
    (3) **By someone who dislikes you?** _____
    (4) **By your parent(s)** _____

17. **In what area(s) of your life are you most discouraged right now?** _____

_____

_____

18. **Do you make friends easily? Do you keep them? Why or why not?**

_____

_____

19. **What are your three strongest fears?**
    (1) _____
    (2) _____
    (3) _____

20. **What three things about yourself do you most want to change?**
    (1) _____
    (2) _____
    (3) _____

21. **What are your greatest hopes and ambitions**: (past and present)

_____

22. **What past or recent disappointment that might be affecting you now?**

_____

23. **What relaxes you, what are your interests, hobbies, activities, etc.**:

_____

_____

Education

24. **What is the highest level of education you have completed?** _____ years. Degree: _____
Scholastic abilities and disabilities: _____

Employment history

25. **What is your current occupation**:
_____ How long? _____

26. **Does your present work satisfy you?** _____
If not, in what ways are you dissatisfied
_____

27. **What do you earn?** _____
How well does this meet your expenses?
_____

Ambitions

Past: _____

Present: _____

28. **Have you had a past or recent disappointment that might be affecting you now?**
_____

Health History

29. **Current health** (circle) Excellent Good Fair Poor

30. **What do you do to take care of your health?** (exercise, nutrition, alternative or medical treatment, etc.)
_____
_____

31. **Please circle any current and past health problems of significance:**

diabetes	cancer	shortness of breath	heart racing (palpitations)
seizures	fatigue	stomach pain	high blood pressure
headaches	insomnia	high cholesterol	memory loss
asthma	allergies	dizziness	heart disease

Other:

_____

32. **Current medications:** _____

Family History

33. **Please list:**

	Name	Age	Occupation	
Father:	_____	_____	_____	deceased or living
Mother:	_____	_____	_____	deceased or living
Siblings:	_____	_____	_____	deceased or living
	_____	_____	_____	deceased or living
	_____	_____	_____	deceased or living
	_____	_____	_____	deceased or living
Partner:	_____	_____	_____	deceased or living

34. **Describe your mother's personality and her attitude toward you:**

_____

35. **Describe your father's personality and his attitude towards you:**

_____

36. **Could you confide in them? _____ In what ways are you similar to either of them?**

_____

_____

37. **Is there any other information about family or friends that you feel is relevant?**

Family health problems and illnesses (parents, grandparents, siblings, partner/spouse) including emotional/physical illness, addictions, obesity, chronic conditions of significance:

_____

_____

History of abuse: Is there any history of emotional, physical or sexual abuse in your family?

_____

_____

38. **Circle the characteristics which best describe your family:**

Normal	Loving	Open	Forgiving	Overly involved	Unpredictable
Distant	Isolating	Resentful	Creative	Embarrassing	Supportive
Enjoyable	Loyal	Absent	Rigid	Chaotic	Weak
Angry	Flexible	Harsh	Warm	Secretive	Educational
Abusive	Violent	Nurturing	Odd	Close	Mean

Marital or Partnership History:

39. **Length of time in current relationship (years/months):** _____

40. **Personality of your spouse or partner:**

_____

41. **In what areas is there compatibility?**

_____

42. **In what areas is there conflict?**

_____

43. **If you have children, please list their names and ages.** Do any of them present special problems?

_____

_____

Religious/Spiritual Background

44. **What is your current religious/spiritual life and affiliation**? _____

45. **If you were raised in a religious tradition, which one?** _____

46. **Do you pray or talk to God?** When and where do you feel closest to God?

_____

_____

47. In what ways has your spiritual life influenced the way you live?

_____

_____

48. **What do you do to sustain your spiritual life?**

_____

_____

Sexual History

49. **From whom did you receive sexual information/education and how did you feel about this?**

_____

_____

50. **When and how did you first become aware of your own sexual impulses?**

_____

_____

51. **At what age was your first sexual experience**? Was it pleasant or upsetting?
Describe briefly: _____

_____

52. **Is your present sexual life satisfactory**? Please explain briefly:

_____

_____

53. **For women, are your periods regular?** _____

How do your periods affect your moods?

_____

_____

54. **Do you experience any anxiety or guilt related to sexual activity or involvement?**

Please explain briefly:

_____

_____

55. **What form of contraception do you use?**

_____

Legal Status

56. **Have you ever been arrested?** _____

If yes, date and nature of charges:

_____

57. **List any charges for which you have been found guilty:**

_____

58. **For those charges, have you been sentenced to probation, incarceration or other sanctions?**

_____

_____

Goals and Desires

59. **What do you most hope to gain from therapy:**

_____

_____

60. **What qualities in a therapist are most important to you?**

_____

_____

61. **Looking ahead six months, what changes do you hope to see**?

_____

_____

62. **Self-description:**

Answer the question "Who am I?" 10 times:

(1) I am _____
(2) I am _____
(3) I am _____
(4) I am _____
(5) I am _____
(6) I am _____
(7) I am _____
(8) I am _____
(9) I am _____
(10) I am _____

Thank you for taking the time to fully complete this intake form; please bring it with you.