Client Intake Form

Please provide the following information for our records. Leave blank any question you would rather not answer, or would prefer to discuss with one of us in person. Information you provide here is held to the same standards of confidentiality as our encrypted sessions.

DEMOGRAPHIC INFORMATION

Name (first, last) _____ Birthdate _____

Gender ☐ female ☐ male ☐ other proper pronoun _____

Mailing address _____ _____ _____ _____
street address, apt# City ST zip code

Email address _____

Cell phone# _____ receive texts messages? ☐ yes ☐ no

Emergency contact person _____ their ph# _____
relationship to you _____ their email _____

Referred by (or how did you hear of us?) _____

TREATMENT HISTORY

Is this your first time trying psychosociotherapy? ☐ yes ☐ no

If not, who was your previous psychosociotherapist?

How would you rate this experience?	extremely helpful	moderately helpful	inadequate for my need(s)	painful mistake	abruptly quit
	☐	☐	☐	☐	☐

Have you had previous psychotherapy? ☐ no ☐ yes

If yes, who, and where?

How would you rate this experience?	extremely helpful	moderately helpful	inadequate for my need(s)	painful mistake	abruptly quit
	☐	☐	☐	☐	☐

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? ☐ no ☐ yes

If yes, who, and where?

How would you rate this experience?	extremely helpful	moderately helpful	inadequate for my need(s)	painful mistake	abruptly quit
	☐	☐	☐	☐	☐

Are you currently taking prescribed psychiatric medication (antidepressants or others)? ☐ yes ☐ no

If yes, please list the med, and prescribed by:

medication name	prescribed by

HEALTH INFORMATION

Do you currently have a primary physician? ☐ yes ☐ no

If yes, who is it?

Are you currently seeing more than one medical health specialist? ☐ yes ☐ no

If yes, please list

When was your last physical? ☐ within the last year ☐ over a year ago ☐ cannot recall

Are you currently experiencing any physical symptoms or health concerns? ☐ yes ☐ no
(e.g., chronic pain, headaches, hypertension, diabetes, etc.)

If yes, please list

Are you currently on medication to manage a physical health concern? ☐ yes ☐ no

If yes, please list

Are you currently enduring health concerns for lack of competent care or funding? ☐ yes ☐ no

If yes, please list

Are you having any problems with your sleep habits? ☐ yes ☐ no

If yes, sleeping too little? ☐ yes ☐ no

If yes, sleeping too much? ☐ yes ☐ no

If yes, poor quality of sleep? ☐ yes ☐ no

If yes, disturbing dreams? ☐ yes ☐ no

Other:

How many times per week do you exercise? Approximately how long each time?

What, if any, disabilities do you have?

Are you on any disability income? ☐ yes ☐ yeah, but about to lose it ☐ applied for ☐ no

Are you having any difficulty with appetite or eating habits? ☐ yes ☐ no

If yes, eating less?	☐ yes	☐ no	If yes, binge eating?	☐ yes	☐ no
If yes, eating more?	☐ yes	☐ no	If yes, restricting from eating	☐ yes	☐ no

Have you experienced significant weight change in the last 2 months? ☐ yes ☐ no

Do you regularly use alcohol? (regularly = at least 1 drink per day) ☐ yes ☐ no

In a typical month, how often do you have 4 or more drinks in a 24-hour period?

Do you smoke cigarettes or use other tobacco products? ☐ yes ☐ no

How often do you engage in recreational drug use?	daily	weekly	monthly	rarely	never
	☐	☐	☐	☐	☐

	frequently	sometimes	rarely	never
Have you had suicidal thoughts recently?	☐	☐	☐	☐
Have you had suicidal thoughts in the past?	☐	☐	☐	☐

If any suicidal attempts, when was your last try? (leave blank if never attempted suicide)	within last 24 hours	within the last week or month	over a month ago	over a year or more
	☐	☐	☐	☐

Have you ever experienced any of the following?

Extreme depressed mood	☐ yes	☐ no
Dramatic mood swings	☐ yes	☐ no
Rapid speech	☐ yes	☐ no
Extreme anxiety	☐ yes	☐ no
Panic attacks	☐ yes	☐ no
Phobias	☐ yes	☐ no
Sleep disturbances	☐ yes	☐ no
Hallucinations	☐ yes	☐ no
Unexplained losses of time	☐ yes	☐ no
Unexplained memory lapses	☐ yes	☐ no
Alcohol/substance abuse	☐ yes	☐ no
Frequent body complaints	☐ yes	☐ no
Eating disorder	☐ yes	☐ no
Body image problems	☐ yes	☐ no
Repetitive thoughts (e.g. obsessions)	☐ yes	☐ no
Repetitive behaviors (e.g. frequent checking, hand washing)	☐ yes	☐ no
Homicidal thoughts	☐ yes	☐ no

RELATIONSHIP INFORMATION

Are you currently in a romantic relationship? ☐ yes ☐ complicated ☐ no

If yes, how long have you been in this relationship?

On a scale of 1-10 (10 being the highest quality), how would you rate your current relationship?

Do you have anyone in your life you can call during an emotional crisis? ☐ yes ☐ maybe ☐ no

If yes, when was the last time you were helped through a crisis by this person?

On a scale of 1-10 (10 being the highest quality), how would you rate their trustworthiness now?

Starting with the family member who has had the most impact upon your life, provide the following information for each.

Relative 1 (name) Have their ph#? ☐ no ☐ yes

If yes, relation (e.g., sister stepfather, grandmother)

How would you rate their current relationship with you?

faithfully supportive	unreliably supportive	apathetic to my need(s)	persistently intimidating	no longer in my life
☐	☐	☐	☐	☐

Relative 2 (name) Have their ph#? ☐ no ☐ yes

If yes, relation (e.g., sister stepfather, grandmother)

How would you rate their current relationship with you?

faithfully supportive	unreliably supportive	apathetic to my need(s)	persistently intimidating	no longer in my life
☐	☐	☐	☐	☐

Relative 3 (name) Have their ph#? ☐ no ☐ yes

If yes, relation (e.g., sister stepfather, grandmother)

How would you rate their current relationship with you?

faithfully supportive	unreliably supportive	apathetic to my need(s)	persistently intimidating	no longer in my life
☐	☐	☐	☐	☐

Relative 4 (name) Have their ph#? ☐ no ☐ yes

If yes, relation (e.g., sister stepfather, grandmother)

How would you rate their current relationship with you?

faithfully supportive	unreliably supportive	apathetic to my need(s)	persistently intimidating	no longer in my life
☐	☐	☐	☐	☐

Relative 5 (name) Have their ph#? ☐ no ☐ yes

If yes, relation (e.g., sister stepfather, grandmother)

How would you rate their current relationship with you?

faithfully supportive	unreliably supportive	apathetic to my need(s)	persistently intimidating	no longer in my life
☐	☐	☐	☐	☐

Has anyone in your family (either immediate family members or relatives) experienced difficulties with the following? (check any that apply and list family member, e.g. sister, parent, uncle, etc.)

Difficulty				Family member
Extreme depressed mood	☐ yes	☐ suspect	☐ no	
Depression	☐ yes	☐ suspect	☐ no	
Bipolar disorder	☐ yes	☐ suspect	☐ no	
Anxiety disorder	☐ yes	☐ suspect	☐ no	
Panic attacks	☐ yes	☐ suspect	☐ no	
Schizophrenia	☐ yes	☐ suspect	☐ no	
Alcohol/substance abuse	☐ yes	☐ suspect	☐ no	
Eating disorders	☐ yes	☐ suspect	☐ no	
Learning disabilities	☐ yes	☐ suspect	☐ no	
Trauma history	☐ yes	☐ suspect	☐ no	
Suicide attempts	☐ yes	☐ suspect	☐ no	
Chronic illness	☐ yes	☐ suspect	☐ no	
	☐ yes	☐ suspect	☐ no	
	☐ yes	☐ suspect	☐ no	
	☐ yes	☐ suspect	☐ no	

In the last year, have you experienced any significant life changes or stressors? ☐ yes ☐ no

If yes, please explain:

What role if any did your listed relatives above play in this significant life changing event/stressor?

Relative	critically supported	minimally supported	abandoned	main stressor	cut off contact
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

INCOME-SOURCE INFORMATION

Are you currently employed? ☐ yes ☐ no

If yes, who is your current employer/position?

If yes, are you happy with your current position?	very satisfied	moderately satisfied	neither satisfied nor dissatisfied	moderately dissatisfied	very dissatisfied
	☐	☐	☐	☐	☐

Is your current job your primary source of income? ☐ yes ☐ no

If no, does public assistance cover most of your living costs? ☐ yes ☐ no

If neither, how do you cover your living costs?

How effective or powerless do you feel in relation to your income source(s)?	confidently effective	increasingly assertive	never think about it	mostly helpless	utterly powerless
	☐	☐	☐	☐	☐

How do you handle a dispute with your source of income? (pick option that best fits your actual behavior)	avoid any conflict with them	discuss with others to try to get over it	never had any dispute with them	use official grievance process	find common ground to solve it
	☐	☐	☐	☐	☐

Can you picture yourself confronting your income source on your own to deal with a conflict?	yes, I clearly can	in the right conditions	too nervous to try	highly unlikely	definitely not
	☐	☐	☐	☐	☐

RELIGIOUS/SPIRITUAL INFORMATION

Do you consider yourself to be religious (i.e., identify with a particular faith)? ☐ yes ☐ no

If yes, what is your current faith?

If no, do you consider yourself to be spiritual? ☐ yes ☐ no

Are you in regular contact with others of your faith or spirituality? ☐ yes ☐ no

If yes, do you consider them a source of support to deal with life's challenges? ☐ yes ☐ no

If you trust them to support you during life's challenges, how would you rate their helpfulness?	overbearing	paternalistic	meaningful	disappointing	nonexistent
	☐	☐	☐	☐	☐

Which statement best captures how you perceive others' regard toward you when you are in dire need?	supported to the point of feeling smothered	mostly supported	free to be me and still be supported	mostly on my own	entirely alone against the world
	☐	☐	☐	☐	☐

OTHER INFORMATION

What is your highest level of education?	GED (or less) ☐	high school diploma ☐	some college/ vocational ed ☐	college degree ☐	post graduate degree ☐

What is the best thing that has happened in your life so far?

What would you say is your purpose in life? (You can leave blank if your mind draws a blank.)

What do you consider to be your most remarkable qualities?

What do you like most about yourself?

What do you like least about yourself?

What are some effective coping strategies that you have learned?

What would you say is your worst fear about psychotherapy, if any?

Add something about yourself that this form didn't cover, so we can better serve you.

YOUR SITUATIONAL NEEDS

If seeking *trans-economic support*, list any economic-related stressors (e.g., overbearing boss, fear of job loss, risk of foreclosure, student loan default, loss of government benefits, etc.)

If seeking *trans-judicial support*, list any judicial-related stressors (e.g., collateral consequences of conviction allowing legally privileged discrimination in employment, housing, education, etc.)

If seeking *trans-political support*, list any political-related stressors (e.g., political polarization resulting in losing family member connections, losing friends over politics; overwhelmed by biased media coverage, etc.)

YOUR EXPECTATIONS

What are your current goals for therapy? (You can wait to complete this for when we meet.)

1.
2.
3.
4.
5.

FINISH & SEND

When done, save this document. Then return it by email to valuerelating@protonmail.com, with message title: **Intake Form**. We can review it the next time we meet, and explore other things as you need.

Your name: Your email address:

Thank you for letting us serve you.