|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | How did you hear about my practice?   * Psychology Today * Facebook * EAP * Friend/family * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INTAKE FORM |  | |  |  |
| Name | | |
| Address | | |
| DOB, current age | | |
| Phone Number | | |
| Email | | |
| Emergency Contact | | |
| Medications | | |
| Brief description of what brings you to counseling: | | |

Please **X** Yes or No for the following questions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you currently misuse alcohol or other drugs? | Y |  | N |  |
| Have you ever been physically abused? | Y |  | N |  |
| Have you ever been emotionally abused? | Y |  | N |  |
| Have you ever been sexually abused or assaulted? | Y |  | N |  |
| Have you ever been hospitalized for mental health reasons? | Y |  | N |  |
| Do you currently suffer with or have you ever suffered in the past with an eating disorder? | Y |  | N |  |
| Have you ever had feelings or thoughts that you didn't want to live? | Y |  | N |  |
| Have you ever planned to hurt someone else? | Y |  | N |  |
| **Are you currently in danger of harming yourself or someone else?** | **Y** |  | **N** |  |

|  |  |
| --- | --- |
| Signature: | Date: |