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| --- | --- | --- |
| 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: |