

Confidential Intake Document:

Name:

Preferred name and pronouns:

City, State, Country where you reside:

Year of your birth:

Email address:

Phone number:

Permission to text (Yes or No):

Permission to leave a voice mail message (Yes or No):

Emergency Contact (Name, phone, email):

Reason for initiating therapy at this time:

Highlight or circle your answers. Do you believe it is possible for you to be...

Healthy? a) Yes I am now, b) Yes in the future, c) No probably not, or d) Maybe in the future

Loved by Self? a) Yes I am now, b) Yes in the future, c) No probably not, or d) Maybe in the future

Loved by others? a) Yes I am now, b) Yes in the future, c) No probably not, or d) Maybe in the future

Known medical conditions (psychological and physiological):

Prescribed medications and dosages:

Substances consumed over the last 60 days to alter your mood (examples include food, sugar, caffeine, alcohol, marijuana, tobacco, over the counter medications, herbal supplements, etc):

Have you had thoughts of harming yourself or others in the last 60 days?

Have any of those thoughts seemed convincing or actionable?

Has anyone caused harm to you with their words or actions in the last 60 days?

Adverse childhood [infancy-16 years] experiences including the death of a close loved one, house fire, motor vehicle accident, or robbery; being bullied, yelled at, physically struck, or sexually assaulted by loved ones, classmates, or strangers; or neglected due to the absence, preoccupation, or addiction of parents or surrogate? Did these situations occur in a single event or recur over time? At what age(s)?

Significant life-altering events, traumatic, health-related, or otherwise, in adulthood?:

Please give a brief, general description of the quality and types of foods and beverages you consume for meals and snacks including the frequency and quantity?

Briefly describe your sleep: What time do you turn out the lights? How long does it takes to fall asleep in minutes or hours? What time do you wake up? At that time do you get up, go back to sleep, or like awake?

Do you prefer time alone or with others? Do you have too much, too little, or just the right amount of time by yourself or with others? Are there people with whom you must regularly spend time that you do not like, are hard to get along with, or that seem to feel that way about you?

What activities do you engage for your health or self-care, broadly defined? Are there other activities you would like to engage, but lack the time, access, or motivation?

What is your primary vocation? Who or what sustains you financially? Do you feel financially secure or insecure? If insecure, is it because income is too low, credit and savings are not available, or spending is too high?

What forms of play do you engage for joy, pleasure, or self-expression?