New Client Intake Form

Client Information

Full Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____

Age: _____

Address: _____

Phone: _____

Email: _____

Preferred Method of Contact:
☐ Phone ☐ Text ☐ Email ☐ Patient Portal

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____

Insurance Information (if applicable)

Insurance Provider: _____

Member ID: _____

Group Number: _____

Primary Policy Holder: _____

Referral Information

How did you hear about this practice?

☐ Physician

☐ Friend/Family

☐ Insurance Directory

☐ Online Search

☐ Social Media

☐ Other: _____

Presenting Concerns

What brings you to therapy at this time?

_____

_____

_____

How long have you been experiencing these concerns?

_____

What are your goals for therapy?

_____

_____

_____

Mental Health History

Have you previously participated in therapy?

☐ Yes ☐ No

If yes:

- When? _____
- For what concerns? _____
- Was it helpful? _____

Have you ever been hospitalized for mental health reasons?

☐ Yes ☐ No

If yes, please explain:

_____

Current mental health diagnoses (if any):

_____

_____

Current Symptoms

Please check all that apply:

☐ Anxiety

☐ Depression

☐ Panic attacks

☐ Mood swings

☐ Stress

☐ Grief/Loss

☐ Trauma/PTSD

☐ Difficulty sleeping

☐ Relationship concerns

☐ Low self-esteem

☐ Anger/Irritability

☐ Difficulty concentrating

☐ Eating concerns

☐ Substance use concerns

☐ Other: _____

Medical History

Primary Care Physician: _____

Date of last physical exam: _____

Current medical conditions_____

Current medications: _____

Medication allergies:

Current relationship status:

☐ Single ☐ Partnered ☐ Widowed

☐ Married ☐ Divorced

Children:

Who lives in your home?

Safety Screening

Have you had thoughts of hurting yourself in the past month? ☐ Yes ☐ No

Have you ever attempted suicide? ☐ Yes ☐ No

Have you had thoughts of harming others? ☐ Yes ☐ No

If yes to any of the above, please explain:

Additional Information

Is there anything else you would like your therapist to know?