**NEW CLIENT INTAKE FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it OK to send mail from Psychological Strategies, LLC to your home address?\_\_\_\_Yes\_\_\_No

Is it OK to leave detailed messages which identify Psychological Strategies, LLC or your provider on this phone? \_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it OK to communicate with you using this email address? \_\_\_\_\_Yes\_\_\_\_\_No

Were you referred by someone? \_\_\_\_Yes\_\_\_\_No If Yes, who referred you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency/Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity/Culture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns You Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services are you looking to receive from Psychological Strategies, LLC?

\_\_\_\_\_ Therapy/Counseling for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Psychological Testing for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Use:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Everyday Use** | **Occasional** | **Former Use** | **Never Used** |
| Alcohol |  |  |  |  |
| Marijuana |  |  |  |  |
| Inhalants |  |  |  |  |
| Cocaine/Meth/Ecstasy |  |  |  |  |
| Stimulant Pills |  |  |  |  |
| Heroin |  |  |  |  |
| Nicotine (tobacco/vaping) |  |  |  |  |
| LSD/Hallucinogens |  |  |  |  |
| Pain Killers |  |  |  |  |
| Methadone |  |  |  |  |
| Sedatives/Sleeping Pills |  |  |  |  |
| Abuse Over-the-Counter Drugs |  |  |  |  |

Do you, or others in your life, have concerns about your involvement in any of the following:

\_\_\_\_\_\_ Gambling \_\_\_\_\_\_Computer/Internet Use \_\_\_\_\_\_ Sexual Activity

\_\_\_\_\_\_ Pornography \_\_\_\_\_\_ Other

**Medical History**

Do you have a regular physician that you see for physical exams and medical issues \_\_\_Yes \_\_\_No

Physician Name---------: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Last Seen:\_\_\_\_\_\_\_\_\_\_\_

Please list any chronic medical conditions you have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current medications, vitamins, or other supplements that you take (name and dosage):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any physical disabilities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Relationship/Family**

Are you currently: \_\_\_\_\_ Single \_\_\_Married \_\_\_Partnered \_\_\_Divorced \_\_\_Widowed

If not married or partnered, are you currently in a relationship? \_\_\_\_Yes \_\_\_\_No

If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you identify your sexual orientation?:

\_\_\_\_\_\_ straight/heterosexual \_\_\_\_\_\_ lesbian/gay/homosexual

\_\_\_\_\_\_ bisexual \_\_\_\_\_\_ gender fluid

\_\_\_\_\_\_ asexual \_\_\_\_\_\_ unsure/questioning

\_\_\_\_\_\_ prefer to not answer \_\_\_\_\_\_ other (Identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If you have children, please list their ages and gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Trauma History**

Do you have a history of being abused emotionally, sexually, physically or by neglect? \_\_\_\_Yes\_\_\_No

**Educational History**

Highest grade in high school completed \_\_\_\_\_\_\_\_Diploma? \_\_\_\_\_Yes \_\_\_\_\_No

Did you attend college? If yes, What is your highest degree attained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupational Data**

Are you currently: \_\_\_\_\_Working \_\_\_\_\_Unemployed \_\_\_\_\_Disabled \_\_\_\_\_

If working, Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of Time on Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Life Satisfaction**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** | **NA/Other** |
| Employment |  |  |  |  |  |  |
| Social Network |  |  |  |  |  |  |
| Intimate Relationship |  |  |  |  |  |  |
| Family Relationship |  |  |  |  |  |  |

**Please list anything else you’d like to share about your background or current life situation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Your Name Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_