Psychotherapy Intake Form

PERSONAL INFORMATION

Full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Occupation:** _____

Address: _____ **Phone number:** _____

Email address: _____ **Referral (if applicable):** _____

Emergency contact: _____

MEDICAL INFORMATION

Primary care physician: _____ **Primary care physician contact number:** _____

Do you have any current medical/health concerns?

◯ Yes ◯ No

If yes, please list:

Are you currently taking any prescription medication?

◯ Yes ◯ No

If yes, please list:

PSYCHOLOGICAL INFORMATION

Are you currently receiving psychological services?

◯ Yes ◯ No

If yes, please explain your situation:

Are you currently taking any psychiatric prescription medication?

◯ Yes ◯ No

If yes, please list:

Have you been prescribed psychiatric prescription medication in the past?

◯ Yes ◯ No

If yes, please list:

Have you been psychiatrically hospitalized in the past?

◯ Yes ◯ No

If yes, please explain:

SYMPTOMS

Please check the symptoms that you have experienced in the past two weeks:

Symptoms in past two weeks

- ☐ Depressed mood
- ☐ Memory difficulties
- ☐ Mood swings
- ☐ Hallucinations
- ☐ Eating difficulties
- ☐ Alcohol/drug usage
- ☐ Somatic complaints
- ☐ Panic attacks
- ☐ Interpersonal difficulties
- ☐ Sleep difficulties
- ☐ Repetitive behaviors
- ☐ Anxiousness
- ☐ Phobias
- ☐ Difficulty concentrating

Have you had suicidal thoughts in the past two weeks?

◯ Yes ◯ No

If yes, how often?

◯ Frequently ◯ Sometimes ◯ Rarely

Have you had suicidal thoughts in the past year?

◯ Yes ◯ No

If yes, how often?

◯ Frequently ◯ Sometimes ◯ Rarely

FAMILY MENTAL HEALTH HISTORY

Have any of your family members had any of the following issues?

Family mental health issues

- ☐ Depression
- ☐ Panic attacks
- ☐ Sexual abuse
- ☐ Suicide
- ☐ Alcohol/substance abuse
- ☐ Obsessive-compulsive disorder
- ☐ Anxiety
- ☐ Eating disorder
- ☐ Schizophrenia
- ☐ Bipolar personality disorder
- ☐ Trauma

GOALS FOR PSYCHOTHERAPY

What would you like to achieve through therapy?

What are your hopes and expectations for working with a therapist?

ADDITIONAL NOTES

Specify below: