

Initial Intake Information Form

Please complete the following questions. The questions are designed to help me begin to understand your needs so that our time together can be as productive as possible. All information provided is confidential.

What is the major reason you are here?

How would you describe your current symptoms?

Have you previously experienced similar feelings/behaviors/challenges?

If yes, have you participated in therapy previously?

Do you know the aggravating factors (triggers)?

And what has helped you relieve symptoms (coping skills)?

Health

How do you sleep in general?

Exercise Frequency:

Exercise Type:

Do you smoke cigarettes?

Do you drink caffeinated beverages?

What medications are you currently using? Do you use as directed?

Any significant allergies?

Social

Who do you consider current supports?

Present Situation

Do you work outside the home? Whether in or outside the home, do you enjoy what you do?

Living situation?

Do you have child(ren)?

Additional

What else do you feel is important for us to begin?