

INTAKE INFORMATION

Effectiveness of Therapy

Research has shown that the effectiveness of therapy depends upon these six factors.

- 1) The client's involvement and commitment to change
- 2) The working alliance between client and therapist
- 3) Agreed upon therapeutic goals
- 4) Therapeutic tasks that make sense to the client
- 5) The therapist's belief that therapy is effective
- 6) The client's belief in the therapist

I ask that you bring up for discussion anything that might get in the way of the factors listed above.

General Information

Name _____	Age _____ Date of Birth ____/____/____ SSN# _____
Address _____	Home Phone (____) _____
City _____ Zip _____	Work Phone (____) _____
E-mail _____	Cell Phone (____) _____
Educational Level _____	Fax (____) _____
Occupation _____	Preferred way for me to contact you _____
Job (if different from your occupation) _____	Spiritual Orientation _____
Employed by _____	Cultural heritage _____
Names and Ages of people living with you _____	Sexual Identity/Preference _____
_____	Special Interests, Hobbies _____
_____	_____
Emergency Contact	_____
Name _____	Personal Strengths/Talents _____
Phone (____) _____ Address _____	_____
_____	_____
_____	_____
_____	_____
Referral _____	_____

Medical History

Have you ever been diagnosed with a serious physical illness? Please describe _____	Have you ever been in a 12-step program? Please describe: _____
_____	_____
Do you have any medical conditions that may affect your therapy? _____ If so, what _____	Do you drink coffee? _____ How much? _____
_____	Do you smoke? _____ How much? _____
Please describe your overall health today _____	How long? _____
_____	Do you drink alcohol? _____ On average, how much do you consume in a week? _____
_____	Confidentiality will be maintained: Do you currently use illegal drugs? _____ Please describe your use _____
Are you experiencing any medical/physical symptoms you attribute to an emotional or stress-related condition? Please describe _____	_____
_____	Have you ever used illegal drugs? Please describe: _____
_____	_____
_____	_____
_____	_____

Areas of Concern/ Goals

Please describe what issues/concerns caused you to seek therapy

What specific goals do you have with regard to your therapy?

Please describe any particular concerns/fears with regard to therapy_____

Have you ever had a bad experience in therapy? ____If, yes, what was disturbing to you? _____

Psychological/Therapeutic History

Have you ever had therapy before?_____

When?_____

For how long?_____

What was the focus of treatment_____

_____Have

you ever been hospitalized for psychological problems? _____When? _____

For how long?_____

Why were you hospitalized?_____

What prescription medications are you taking?

Prescribed by whom? _____

Have you ever taken medication for a mental or emotional condition?_____When?_____

For how long?_____

Were you ever subjected to verbal, physical, emotional or sexual abuse? _____ If you were, please describe_____

Have you ever been a victim of a violent crime?

____Please describe_____

Have you ever attempted suicide?_____

When?_____

Describe the circumstances that led to the attempt(s)_____

Are you currently having any suicidal or murderous thoughts?_____If yes, please describe the thoughts

How many times per day do you have the thoughts?

_____Per week?_____

Family of Origin History

Mother's name_____Age_____

Living/deceased? _____age at the time of her death_____ Cause of death? _____

Describe your relationship with your mother _____

Father's name_____Age_____

Living/deceased? _____age at the time of his death_____ Cause of death? _____

Describe your relationship with your father _____

Names and ages of siblings: _____

Please describe your childhood_____

Please feel free to include any other information that you believe is relevant to your therapy _____
