



CONFIDENTIAL INTAKE

Please fill out this information form as carefully and as thoroughly as possible. This information will be confidentially used by your therapist.

GENERAL INFORMATION

Name _____
Age & DOB (mm/dd/yyyy)

Name of Parent(s)/Guardian(s) if under 18

Phone Number Home Mobile Work Other

Email Address

Address City State Zip Code

Emergency Contact Relation to Client Phone Number(s)

Referral Source: Clergy Former Client Friend/Family Mental Health Agency
 Physician Therapist/Psychiatrist Educator TPC Website
 Psychology Today Insurance Co. Other: _____

Referrer's Name

Permission to contact referral source (*please initial*): Yes _____ No _____

EDUCATIONAL INFORMATION

Highest level of schooling completed: High School College Graduate
 Professional training Currently a student, grade: _____ Other: _____

OCCUPATIONAL INFORMATION

Employment status: Full-time Part-time Unemployed Retired
 Receive Disability Other: _____

Place of Employment: _____ Length of Employment: _____

FAMILY INFORMATION

Relationship Status: Single Engaged Married Separated Divorced
 Widow(er) Committed Partnership Date of Same: _____

Name of Spouse/Partner: _____



Parents: Mother Living (age ____) Deceased (date _____)
Father Living (age ____) Deceased (date _____)

Siblings: Number of Brothers _____ Number of Sisters _____ Only Child

Children: Please list Name(s), Age(s), By Present Marriage (P), Former Marriage (F), Adopted (A) and whether they live at home:

Others who live with you: _____

HEALTH

Name, Address & Phone Number of current Primary Care Physician (PCP):

Would you like coordinated treatment planning with your provider?

Yes (release required) No

List any health issues, illness(s), and/or disabilities:

Current Medications:

Medication Name	Dosage	Frequency	Start Date	Prescribing Physician

Have you ever received psychotherapy, counseling, or other treatment for personal and/or family problems? Yes No

When? _____

IMPORTANT QUESTIONS FOR YOU AND YOUR THERAPIST

Please describe your reasons for seeking help: _____

How long have you been aware of this problem? _____

Who else knows about your problem(s)? _____