Center for Authentic Living

INTAKE FORM

Date:

Please provide the following information and answer the questions below.
Please note: information you provide here is protected as confidential information.

Name: _____ _____
(Last) (First) (Middle initial)

Name of Parent/Guardian (if under 18 years):_____
(Last) (First) (M.I.)

Birth Date: _____ / _____/_____ Age: _____ Gender: _____ Male ___ Female

Marital Status:

___ Never Married ____ Domestic Partnership ____ Married
___ Separated _____ Divorced ___ Widowed

Children: Y or N How Many: _____ Ages: _____

Address: _____
(Street and Number)

_____
(City) (State) (Zip)

Home Phone: ( ) May we leave a message? Yes No

Cell/Other Phone: ( ) May we leave a message? Yes No

E-Mail: May we e-mail you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any) _____

Have you previously received any type of mental health services (psychotherapy, psychiatric? services, etc.)?

__ No

__ Yes, previous Therapist/Practitioner _____

ADDITIONAL INFORMATION:

Are you currently employed? ____Yes __ No

If yes, what is your current employment situation?

Do you enjoy your work? Is there anything stressful about your current work?

What brought you here today?

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish out of your time in therapy?

Do you own a gun? Yes No

License? Yes No

Are you currently taking any prescription medications?

__ Yes _____ No

Please list medications (if any)

_____

Have you ever been prescribed psychiatric medication?

__ Yes _____ No

Please list and provide dates _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very Good

How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing:

How many times per week do you generally exercise:.

What types of exercise do you participate in? _____

Please list any difficulties you experience with your appetite or eating patterns?

Are you currently experiencing overwhelming sadness, grief or depression?

__ Yes _____ No If yes, for approximately how long?_____

Are you currently experiencing anxiety, panic attacks or have any phobias?

___No _____Yes When did you begin experiencing this? _____

Are you currently experiencing chronic pain? _____ No ____ Yes

If yes, please describe: _____

Do you drink alcohol more than once a week? ____ No ____ Yes

How often do you drink?

___Daily ____Weekly ____Monthly ____ Infrequently ___ Never

Are you currently in a romantic relationship? _____ No ____ Yes

If yes, how long? _____

On a scale of 1 to 10 how would you rate your relationship: _____

What significant changes or stressful events have you experienced lately?_

Have you experienced any traumas that you think we should address? _____ No ___ Yes

If yes, please explain briefly: _____

FAMILY MENTAL HEALTH HISTORY

In the section below, please identify if there is a family history of any of the following. If yes, indicate the family member's relationship to you in the space provided (Father, uncle, etc.)

		Family member
Alcohol/Substance Abuse	No	Yes
Anxiety	No	Yes
Depression	No	Yes
Domestic Violence	No	Yes
Eating Disorders	No	Yes
Obesity	No	Yes
Obsessive Compulsive Behavior	No	Yes
Schizophrenia	No	Yes
Suicide attempts by self or other family member	No	Yes

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect
When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults
If a client states or suggests that he or she is abusing a child (or vulnerable adult), or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social serve and/or legal authorities.

Prenatal Exposure to Controlled Substances
Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship
Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)
Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Clients Signature (Client's Parent/Guardian if under 18)

_____ Today's Date

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment.

A full session fee ($150) is charged for missed appointments or cancellations with less than a 24 hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for, or do not cancel an appointment.

Thank you for your consideration regarding this important matter.

_____

Clients Signature (Client's Parent/Guardian if under 18)

_____

Today's Date