

Trisha Rowe, LCSW

Intake Form

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

Please fill out this form and bring it to your first session.

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

Name of parent/guardian (if under 18 years): _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: ____ Gender: _____

Marital Status: Never Married Married Separated Divorced Widowed

Please list any children/ages: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

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

E-mail: _____ May we email you? Yes No
**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Referred by (if any): _____

Current concerns/reasons for seeking psychotherapy at this time:

History/background of this issue. Have you experienced anything similar in the past?

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?
 No
 Yes, previous therapist/practitioner: _____

How did that treatment end? _____

Are you currently taking any prescription medication? Yes No

Please list: _____

Have you ever been prescribed psychiatric medication? Yes No

Please list and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. 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:

3. How many times per week do you generally exercise? _____

What types of exercise do you participate in _____

4. Please list any difficulties you experience with your appetite or eating patterns:

5. Are you currently experiencing overwhelming sadness, grief or depression? No Yes

If yes, for approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes

If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain? No Yes

If yes, please describe _____

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

9. How often do you engage recreational drug use?

- Daily Weekly Monthly Infrequently Never

10. Are you currently in a romantic relationship? No Yes; for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

Relationships have their ups and downs. Please describe how you are when you are your best and worst in relationships with others.

11. What significant life changes or stressful events have you experienced recently:

FAMILY MENTAL HEALTH HISTORY

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

Please Circle:

List Family Member:

yes/no	Alcohol/Substance Abuse	_____
yes/no	Anxiety	_____
yes/no	Depression	_____
yes/no	Domestic Violence	_____
yes/no	Eating Disorders	_____
yes/no	Obesity	_____
yes/no	Obsessive Compulsive Behavior	_____
yes/no	Schizophrenia	_____
yes/no	Suicide Attempts	_____

ADDITIONAL INFORMATION

1. Are you currently employed? No Yes

If yes, what is your current employment situation:

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

2. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weakness?

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

6. Who do you turn to when you need support?

7. What inner strengths/qualities do you use in difficult times?

Is there anything else that would be helpful for me to know?
