



CLIENT INTAKE PACKET

Note: If you are unable to keep your scheduled appointment, please give 48 hours notice; otherwise you will be charged the full session fee. Exceptions may be made only in cases of emergency.

Name: _____ Birth Date: _____

Address: _____

City and Zip: _____

Home Phone: _____ May I leave a message? yes no

Cell/Other Phone: _____ May I leave a message? yes no

Email: _____

May I email you? yes no

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

Referred by (if any): _____

How do you self-identify in terms of biological sex/gender/sexual orientation?

Is this identity impacting your situation or the issues that are bringing you into therapy? If so, how?

How do you self-identify in terms of race/ethnicity/culture?

Is this identity impacting your situation or the issues that are bringing you into therapy? If so, how?

Relationship Status (partnered, married, single, etc.):

Have you been tested for HIV? If so, when was your most recent test?

Have you been tested for other STIs? If so, when were you tested?

If you are sexually active, what steps are you taking to practice safer sex?

Reason(s) for seeking therapy:

On a scale of 1 – 10, how safe do you feel in your relationship (10 totally safe, 1 totally not)?

Do you or your partner:

- Express jealousy or possessiveness you partner
- Embarrass or humiliate each other you partner
- Blame the other for any abusive behavior you partner
- Exhibit cruelty to animals you partner
- Control all aspects of the relationship you partner
- Use physical, verbal, emotional, sexual, or psychological control or abuse you partner
- Get hypervigilant about the other's behavior you partner
- Sabotage the use of birth control you partner
- Sabotage the other's ability to work or socialize you partner
- Sabotage the other's sobriety or recovery from substance use you partner
- Control the household's finances you partner
- Abuse other family members, children, or pets you partner
- Exhibit anger or a temper you partner

What is your work situation and how satisfied are you with it?

Are you currently being treated by a medical practitioner? yes no

If yes, who is the provider and for what purpose are you seeing him or her?

Are you currently taking any medications? yes no

If yes, please specify:

Do you have any chronic medical or physical conditions? yes no

If yes, what are they and how do they affect you?

How would you describe your satisfaction with your sex life?

Are you struggling with any sexual concerns? yes no

If yes, what are they and how do they affect you?

How frequently and in what quantity do you use alcohol? Drugs? Have you or anyone in your life been concerned with your use of either one?

Have you previously been in psychotherapy? yes no

If yes, what was helpful and what was not?

Have you experienced (in the past or present) suicidal thoughts, suicide attempts and/or psychiatric hospitalizations? yes no

If so, please describe:

Have you or a loved one experienced any dramatic change or event recently? Is there anything else you think I should know?