

INTAKE INFORMATION

Client name _____ Date _____ Chart number _____

Briefly describe your reason for starting therapy and the goals you hope to achieve:

List any symptoms that are bothering you:

How do these symptoms affect your daily life?

Describe any other treatment that you have used or are now using for these symptoms (self-help books, a support group, medication, etc.):

List any significant medical/health problems:

List name, address, and phone number of your primary care physician and any others who provide care for you:
(Please bring with you a list of any psychotropic medications you are taking.)

List names, ages, and relationship of the people in your household:

What is your primary occupation (a job, homemaking, school, etc.)?

What do you like to do with your leisure time?

What else is it important for a therapist to know about you?