Cat Maness, MA, LMFT (MFC 92638)
Licensed Marriage and Family Therapist

Individual Intake Form

Date:

Client Information

First Name: Middle Initial: Last Name:
Nickname:

Date of Birth:

Gender: Pronoun(s) used:
Sexual Orientation:
Ethnic Identity:

Relationship Status:

Address Line 1:
Address Line 2:
City: State: Zip:

Email Address:

Mobile Phone: Home Phone: Work Phone:
Okay to leave VM? Okay to email? Okay to text?

Preferred form of contact:

Emergency Contact

Name: Relationship:

Mobile Phone: Home Phone: Work Phone:

Psychiatrist (if applicable)

Name: Address:

Work Phone:

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For the following questions, feel free to answer in as much or as little detail as you wish. Your responses will be used as a starting point for further discussion in our work as we explore your presenting issue(s). You may use additional paper if you like.

Background Information

1. In your own words, describe the reason(s) why you are seeking therapy at this time.

2. Please check-off any of the following that you can relate to or are of a current concern.

Physical:

Often tired	Over-eating	Chronic pain or illness
Over-sleeping	Under-eating	Self-harm
Under-sleeping	No appetite	Reliance on alcohol
Nightmares or terrors	Body image concerns	Reliance on drugs

Mental and Emotional:

Trouble concentrating	Difficulty relaxing	Feelings of guilt or shame
Difficulty making decisions	Anger or irritation	Unusual thoughts
Depressed	Emotion expression	Obsessions or compulsions
Anxious	Feelings of panic	Suicidal thoughts
Often worried	Feelings of worthlessness	

Occupational and social:

Work or career	Overly ambitious	Difficulty making friends
Financial difficulties	Often afraid of people	Difficulty keeping friends
Education	Often avoiding people	Difficulty having fun

Family and Relationships:

Current family conflicts	Parenting or children	Intimacy concerns
Past family conflicts	Relationship concerns	

Identity:

Sexual orientation	Coming out	Cultural
Gender	Alternative lifestyle	Religious/Spiritual

3. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? If yes, when and for what reason(s)?

4. Have you ever made suicidal gestures or attempts? If so, please describe and include when, how you made the attempt, and what your feelings were at the time.

5. Have you ever physically harmed, or have ever seriously considered physically harming, someone? If so, please describe and include when, how you made the attempt, and what your feelings were at the time.

6. Is anyone currently hitting, hurting, belittling, demeaning, pressuring, or touching you in an unwanted or abusive manner? Has anyone in the past?

7. Please share any medical conditions and history, including current medications and their dosages.

8. Do you drink alcohol or use any substances? If yes, what kind, how much, and what kind of effect does it have on you physically and mentally?

Family and Personal History

9. What did your family structure look like growing up (e.g. parents, siblings, extended family involved, who was involved in raising you, etc.)?

10. How did these family members relate to you growing up? If different, how do they relate to you now as an adult?

11. Did you experience any separations, divorces, deaths, or other major experiences growing up? What were the circumstances and how did you experience them?

12. Is there any history of abuse (emotional, physical, and/or sexual) in your family?

Self-Care Strategies and Support

13. What coping strategies do you use to deal with stress? Has anyone ever expressed concern about, or are you concerned about, any of these strategies and potential for self-destructive behaviors?

14. What does your current support system look like (e.g. family members, friends, support groups, pets, etc.)?

15. What do you consider some of your strengths are as an individual?

16. Is there anything else you would like to add that was not asked on this form?