

Tara Boerner LMFT 45305

CONFIDENTIAL INTAKE FORM

Today's Date _____

Name _____

Date of Birth _____ Age _____

Address _____

City/State/ Zip _____

Telephone Home _____ Work _____

Cell _____

May I leave a message on your home phone? ___ No ___ Yes

May I leave a message on your cell phone? ___ No ___ Yes

Email Address _____

May I communicate through email if needed? ___ No ___ Yes

Emergency Contact: Name _____

Phone _____ Relationship _____

Relationship Status: ___ Single ___ Married ___ Divorced

Spouse/Partner Name _____ DOB: _____

Children/Step/Grand (names/ages)

Siblings (first names/ages)

Ethnic Group (Select all that apply) American Indian/Alaskan Native ____ Caucasian ____ Middle Eastern ____ Asian ____
Native Hawaiian/Pacific Islander ____ Hispanic/Latino ____
Black/African American ____ Multi-Ethnic/Other ____

Gender: Male ____ Female ____ Transsexual/Transgender ____

Spiritual Practice:

____ Christian ____ Judaism ____ Buddhism ____ Jehovah's
Witness ____ Gnosticism ____ Catholic ____ Islam ____ Hinduism
____ 7th Day Adventist ____ Mormonism ____ Scientology
____ Metaphysical ____ None ____ Other ____

Current Employment Status: __ Employed (Full-Time) __
Employed (Part-Time) __ Self- Employed ____ Student

Medical Information: Any significant medical conditions?

Any current medications & what for?

Medical Doctor/Psychiatrist _____
Phone _____

What are your current concerns or reason for therapy at this time?

Any prior experience with therapy & reason?

Former therapist _____

When? (approx.) _____ How long? _____

Have you ever experienced extreme mood swings? ___No ___Yes

High Anxiety or Panic Attacks? ___ If yes, please describe

Do you have a history of depression? ___ No ___Yes

Are you Depressed now? ___ No ___Yes.

Please describe your average amount of sleep per night?

Please describe your eating habits?

Are you having suicidal thoughts? ___ Yes ___ No

If yes, do you have a plan about how you would commit suicide

___ Yes ___ No If yes, what is your plan?

Do you have the means to carry out your plan? ___ Yes___No

Have you ever made a suicide attempt or been hospitalized for suicidal ideation? ___ Yes ___ No If yes, please describe the circumstances, how and when

Is there any drug or alcohol abuse in your history? ___ Yes ___ No Are you currently still using? ___ Yes ___ No If yes, please explain_____

How much alcohol do you consume per day? _____ per week? _____ Is this contributing to your reasons for entering therapy? _____

Are you currently attending any 12 step meetings? _____ - Which ones? _____

Do you have any pending legal issues or charges? _____No_____Yes

Any legal issues at all? ___No ___Yes If yes, please describe

Do you have any questions or is there anything else you would like me to know?

Thank you for taking the time to provide the above information.