

INTAKE DOCUMENT

Basic Information

Date: _____

Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Address: _____

Phone: _____ Type: Cell ___ Home ___ Work ___

Email Address: _____

Gender Identity: _____ Age: _____

Relationship Status: _____

In order to help me get to know you better, please answer the following questions prior to your initial appointment.

What brings you in to therapy?

What are your thoughts and feelings towards starting therapy?

What is your experience with therapy, including any current treatment?

What challenges are you struggling with right now?

What is going well for you right now?

Current diagnosis (if any):

Medications you take regularly (if any):
