Psychotherapy Intake Form

Client Information

Name: Bobby Spencer

Date of Birth: November 27, 1985

Gender: Male

Address: 2745 Candlelight Drive Katy, Texas, 77450

Phone Number: 214-708-4658

Email Address: BSpencer@carepatron.com

Date of Consultation: April 29, 2023

Medical History

Do you have any medical conditions?

Yes, I have high blood pressure and type 2 diabetes.

Are you currently taking any medications or supplements?

Yes, I take medication for both of my medical conditions.

Have you had any surgeries or hospitalizations?

Yes, I had surgery to remove my appendix last year.

Mental Health History

Have you ever been diagnosed with a mental health condition?

No, I haven't

Have you received therapy or counseling before?

No, I haven't

Have you experienced any traumatic events?

Yes, I was in a car accident a few years ago that was very traumatic.

Current Symptoms

Please describe your current symptoms or concerns:

I have been feeling anxious and having trouble sleeping.

When did they start?

They started about a month ago.

How often do they occur?

They occur almost every night.

How severe are they?

They are pretty severe and affecting my daily life.

Goals for Therapy

What would you like to achieve through therapy?

I would like to learn how to manage my anxiety and get better sleep.

What are your hopes and expectations for working with a therapist?

I hope to find someone who can help me and make me feel comfortable.

BOBBY SPENCER

Signature of the Patient over Name and Date