Psychotherapy Intake Form

Personal information	
Full name: Chloe Smith	**Date of birth:** January 1, 2001
Sex: Female	**Occupation:** Student
Address: 123 Grand Heights Road	
Phone number: XXX-XXX-XXX	**Email address:** chloesmith@email.com
Referral (if applicable): N/A	
Emergency contact: XXX-XXX-XXX	
Medical information	
Primary care physician: Dr. Mike Jones	
Primary care physician contact number: XXX-XXX-XXX	
Do you have current medical/health concerns? ○ Yes ◉ No	If yes, please list:
Are you currently taking any prescription medication? ○ Yes ◉ No	If yes, please list:
Psychological information	
Are you currently receiving psychological services (e.g., professional counseling, psychiatric services, or any other mental health services)? ○ Yes ◉ No	If yes, please explain your situation:
Are you currently taking any psychiatric prescription medication? ○ Yes ◉ No	If yes, please list:

Have you been prescribed psychiatric prescription medication in the past? ◯ Yes ◉ No	If yes, please list:
Have you been psychiatrically hospitalized in the past? ◯ Yes ◉ No	If yes, please explain:

Symptoms

Please check the symptoms that you have experienced in the past two weeks:

☑ Depressed mood	☐ Repetitive behaviors
☑ Panic attacks	☑ Eating difficulties
☐ Memory difficulties	☑ Anxiousness
☐ Interpersonal difficulties	☐ Alcohol/drug usage
☑ Mood swings	☐ Phobias
☑ Sleep difficulties	☐ Somatic complaints
☐ Hallucinations	☑ Difficulty concentrating

Have you had suicidal thoughts in the past two weeks? ◉ Yes ◯ No	If yes, how often? ◉ Frequently ◯ Sometimes ◯ Rarely
Have you had suicidal thoughts in the past year? ◉ Yes ◯ No	If yes, how often? ◉ Frequently ◯ Sometimes ◯ Rarely

Family mental health history

Have any of your family members had any of the following issues?

- [x] Depression
- [x] Anxiety
- [x] Panic attacks
- [x] Eating disorder
- [ ] Sexual abuse
- [ ] Schizophrenia
- [x] Suicide
- [ ] Bipolar personality disorder
- [x] Alcohol/substance abuse
- [ ] Trauma
- [ ] Obsessive-compulsive disorder
- [ ] Other:

Goals for psychotherapy

What would you like to achieve through therapy?

I would like to achieve a snese of normality again. I am struggling really bad at the moment and want to build coping skills that I can use when I'm feeling low again.

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

I am not sure what to expect from working with a therapist as I have never been to one before. I hope that they will be kind and treat me with empathy.

Additional notes

I have some nerves about psychotherapy but I am sure I can work through them to attend the first session.