

Information Form

Name: _____ **Today's date:** _____

Nickname/Name you want to be called: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Birth Date: _____ **Age:** _____ **Gender:** _____

Please enter complete e-mail address:

Does anyone else have access to your e-mail address? **Yes** **No**

Are you OK with me contacting you at the information provided above? ___Yes ___No

Emergency Contact (name and phone number):

How did you hear about 5280 Balanced Health Center?

Payment preference: _____ cash _____ check _____ credit card _____ other

If paying with credit card do I have your permission to keep your credit card information

on

file in a password protected confidential software platform? ___Yes ___No

Intake Information. Please fill out as completely and thoroughly as possible:

FAMILY HISTORY:

	Name	Age
Mother (Stepmother)		
Father (Stepfather)		
Spouse/Partner		
Child		
Child		
Child		

Briefly describe your childhood growing up:

Briefly describe your current family dynamics:

Are you satisfied with your current relationships in your family?

Briefly identify and describe your most reliable friendships:

How would you describe your self-esteem?

What are your hobbies, activities, passions?

Are you part of a church, support group, club, or other group that provides you with a sense of community?

MEDICAL HISTORY

Are you presently on any medications or supplements? If yes, please list their names, dosages, and purpose of medication.

Are you currently experiencing any physical concerns (e.g., high blood pressure, headaches, dizziness, etc.)?

Do you have any conditions, past or current illnesses, or disability I need to be aware of? If yes, please describe:

On how many of the past 7 days did you exercise or participate in sports activities (for at least 20 minutes) to the point that you broke a sweat and were breathing hard... basketball, jogging, dancing, swimming laps, cycling, yoga, or similar aerobic activities?

Do you exercise consistently?

What do you do for physical activity?

Are you satisfied with the quality and quantity of sleep you get every night? Describe your average night of sleep.

Check any that apply:

- I currently feel like harming myself.
- I have a previous attempted death by suicide.
- I have felt like or tried harming myself in the past.
- I have a family member who has attempted/completed suicide.

If you checked any of the above questions, please provide information regarding method and when/where the instance occurred.

PREVIOUS COUNSELING HISTORY

Are you presently seeing another therapist (i.e. for couples work, individual, etc)?

Have you ever been to therapy in the past? If so, describe your experience. What did you like/not like?

Was it generally a positive or negative experience?

RELATIONSHIPS: __Single __Married __Committed Relationship __Dating __Divorced

Do you feel satisfied with current intimate relationship?

Are there sexual concerns you would like to discuss?

SPIRITUAL/RELIGIOUS BACKGROUND

What is your spiritual/religious affiliation, if any?

On a scale of 1 to 10 (ten being extremely important, one being unimportant), how important is your religious/spiritual commitment to you?

CURRENT LIVING SITUATION

Please describe your current living situation and your level of satisfaction with it.

ALCOHOL/DRUG USE

I use alcohol _____ times per week in the amount of _____ drinks per occasion.

I use drugs _____ times per week in the amount of _____ per occasion.

PRESENTING PROBLEM:

What is (are) your main reason(s) for seeking out therapy?

How long has this problem persisted?

How much distress have you been experiencing on a scale of 1 to 10 (one = mild, 10 = severe)?

Under what conditions do the problems usually get worse?

Under what conditions do they usually improve?

Describe three of your top strengths:

- 1.
- 2.
- 3.

What would you like to accomplish in therapy? Please list three goals.

- 1.
- 2.
- 3.

Please feel free to use the below space to add anything else that you feel might be valuable for me to know.