

KELSEY VINCENT PSYCHOTHERAPY

CLIENT INTAKE FORM

Demographics

Name: _____ Address: _____

Phone: _____ Email: _____

Do you give consent to be contacted via the above methods? Yes No

If no, please specify preferred method of contact: _____

Age: _____ DOB: _____ Gender Identity: _____

Ethnic Identity: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Relationship Status: (circle all that apply) Single Casually Dating It's Complicated
Open Relationship Monogamous Committed Cohabiting Engaged Married (____years)
Separated Divorced Widowed

Children (if applicable)	Name(s)	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find me? Psychology Today Google Bing Yahoo Yelp
 Map Search Referral Other

Please specify if applicable _____

Medical/Mental Health Information

Have you been diagnosed with a mental health disorder? Yes No

If yes, what dx and when? _____

Are you currently taking medication for a mental or emotional condition? Yes No

If yes, please list conditions and medications: _____

Have you had any previous counseling? Yes No

Have you ever been hospitalized for a mental or emotional condition? Yes No

If yes, please list where and when: _____

Please list any current *medical* health problems and medications, if applicable: _____

Substance Use Information

Do you drink alcohol to intoxication or take drugs to intoxication? Yes No

If yes, how often, and what substances are used? _____

Are you in treatment (such as outpatient) or utilizing support groups (such as AA)? Yes No

If yes, please describe: _____

Self-Care Practices

What types of self-care practices have been helpful to you in the past when dealing with difficult situations? _____

What are some of your hobbies/interests? _____

Reasons for Seeking Therapy

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____

How long are you able to commit to therapy? _____

What are qualities of your ideal therapist? _____

Client Signature: _____ Date: _____