



## Intake Questionnaire

### Account Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Referred By: \_\_\_\_\_ Date of Birth: (dd/mm/year) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

Where should we leave a message? Home \_\_\_\_ Work \_\_\_\_ Mobile \_\_\_\_

Name of Insurer: \_\_\_\_\_

Policy holder (if not yourself): \_\_\_\_\_

Policy ID No. \_\_\_\_\_ Group/Contract No.: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Authorization No., if pre-authorized: \_\_\_\_\_

Provider Customer Service No. \_\_\_\_\_

I have read and reviewed the HIPAA privacy statement and the New Client Information brochure, have copies of both, understand the information given and agree to the terms and conditions stated for purposes of receiving mental health services at Northland Therapy Center. I realize that I will be charged for cancellations less than 24 hours in advance and that I am responsible for any amounts not covered by insurance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Parent or Guardian (only if needed)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Intake Date:

## Current Problems

What concerns made you consider therapy?

Why now? \_\_\_\_\_

What is your best understanding of the problem?

What symptoms are troubling you?

What goals do you have for therapy?

How long do you expect to remain in therapy? \_\_\_\_\_

Please describe any previous counseling or therapy (with whom, how long, what you worked on):

In your previous counseling/therapy experiences, what worked and what didn't?

## Medical Information

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

May we have permission to consult with your physician if needed (Y/N)? \_\_\_\_\_

Please list any current or past medical problems or significant illnesses:

Please list medications you are now taking, prescriptions, over the counter, homeopathic, Ayurvedic supplements:

Please describe how you get exercise and how you deal with stress:

Have you ever been in the hospital or taken medicine for an emotional problem?

Has anyone in your family ever been hospitalized or taken medicine for an emotional problem?

Please describe your current use of alcohol or any other mood altering substance or non-substance addictions (e.g. food, sex, internet):

Have you ever been treated for a problem with alcohol, substances or non-substance addictions?

Has anyone in your family had a problem with their use of alcohol, substances or non-substance addictions?

## **Education and Employment**

Current Job/Occupation: \_\_\_\_\_

Years of Formal Education: \_\_\_\_\_ Schools, Academic Degrees & Majors:

What is your purpose/work in this life?

## **Relationships**

Relationship status: Single \_\_\_ Coupled \_\_\_ Separated \_\_\_ Divorced \_\_\_

Celibate \_\_\_ Widowed \_\_\_ In a Significant Relationship \_\_\_\_\_

If coupled, please list partner's name, address and phone:

If in a relationship, please describe it:

Please indicate your degree of satisfaction with these relationship dimensions  
(0=total dissatisfaction, 10=total satisfaction):

Emotional Intimacy:     0   1   2   3   4   5   6   7   8   9   10

Financial Intimacy:     0   1   2   3   4   5   6   7   8   9   10

Sexual Intimacy:        0   1   2   3   4   5   6   7   8   9   10

Extended Family:      0   1   2   3   4   5   6   7   8   9   10

Division of Labor:      0   1   2   3   4   5   6   7   8   9   10

Parenting:                0   1   2   3   4   5   6   7   8   9   10

Please list the members of your family of origin:

Name	Sex	Age	Married? Y or N	Role in Family	Occupation

Please list the members of your current family or those with whom you live:

Name	Sex	Age	Role in Family	Occupation

Please describe any information about your family, current or past, that might be helpful, for example, moves, deaths, job losses, separations or divorces, re-marriages, or any kind of abuse:

In what religious tradition were you raised? \_\_\_\_\_  
How would you describe your spirituality or religious commitment now?