Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session.

Please note: information provided on this form is protected as confidential information.

	P	ersonal Information	On - 1		
Name:			Date:		
Name:Parent/Legal Guardian (Address:	if under 18):	i alganyanungkan ita albahan kalanda ing mahan handan albahan kalanda dan dan dan dan dan handa dan handa dan Andarahan makkan ita albahan kalanda ing mahan handa kalanda dan dan dan dan dan dan dan dan dan	ethermolikus States er setter och selle sinne setter och selle sinne setter och sense sette sinne sette sinne sette och selle sinne setter och selle sinne selle selle sinne selle	e vormeleur Speinhunsphinstelleitet zeurschweitspetzt deutschliebe speinhunde Speinhunde von Est E. die s Hersphilipper vormeleurs werdeltste Antonium deutschaften deutschlieber vormeleurschaft begind zu wie dauer	
Home Phone:	rradion de transmissa de la composição d	- Mercurin Persia de Missa an - Manaja arrena dan adair dan disalanja dina selari pad - aja canada ji kare cada A	ay we leave a messaj	e? Yes No	
Cell/Work/Other Phone:	A STATE OF THE PARTY OF THE PAR	M	May we leave a message? Yes No		
Email:		N	lay we leave a messa	ge? Yes No	
*Please note: Email cor	respondence is not	considered to be a			
DOB;	Northwest to the control of the cont	Age;	Gender:	المعاملة الإسلامة والمسارسة والمسارس	
Marital Status:		E			
□ Never Married		e Partnership	□ Married		
□ Separated	Divorce	d	□ Widowed		
Referred By (if any):			THE PERSON NAMED IN COLUMN	wimers were second	
		History			
Have you previously recete.)?	cived any type of r	nental health service	es (psychotherapy, ps	sychiatric services	
🗆 No 🗆 Yes, previous	therapist/practition	ler:	kan dinining disabut dining di bandan salah saja dan dan dan membanggan dan saja saja saja saja saja saja saja	data amaka alah hiromonanga karih diankhimasa dasar meseseri	
Are you currently taking if yes, please list	, ,				
Have you ever been pres If yes, please list and pro		medication? Ye	s a No		
kW 1— 1 >	General an	d Mental Health I	formation	in with the same and the defection on the Product Parking Section (1997) and the same	
Poor	Unsatisfactory	Satisfactory	Good	Very good	
Please list any specific he	aalth nrohlama vav	gen oueroutly avec	iancina:		
the state of the state in	amii probiciiia you	are contently exper			

2. How would you	rate your current sleepin	g habits? (Please circle o	one)	
Poor	Unsatisfactory	Satisfactory	Good	Very good
•	ific sleep problems you a	* *	•	
3. How many times	per week do you genera	lly exercise?		
	fficulties you experience			
	y experiencing overwhele			
If yes, for approxin	nately how long?			
6. Are you currently	y experiencing anxiety, p	anics attacks or have an	y phobias? 🗆 No	Yes
If yes, when did yo	u begin experiencing this	?		ومستومسيومسيولي والمستوانية والمراسية والمراسية والمناسية والمراسية والمستوار والمستوارة
7. Are you currently	y experiencing any chron	ic pain? 🗆 No 🗅	Yes	
If yes, please descri	be:			- Control (21)
8. Do you drink alco	ohol more than once a we	eek? 🗆 No 🗅 Y	'es	
	u engage in recreational of Weekly Monthly		Never	
10. Are you current	ly in a romantic relations	hip? □ No □	Yes	
If yes, for how long	?		# 2	
On a scale of 1-10 (with 1 being poor and 10	being exceptional), ho	www.would you rate	your relationship
Tellos				
l I. What significan	t life changes or stressful	events have you experi	enced recently?	

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	Pleas	e Circle	List Family Member
Alcohol/Substance Abuse	yes /	no	
Anxiety	yes /		$a \geqslant q q_{1} + q_{2} + q_{3} + q_{4} + q_{4} + q_{4} + q_{4} + q_{4} + q_{5} $
Depression	yes /		
Domestic Violence	yes /	no	
Eating Disorders	yes /		TERMINOLOUS PROTECTION CONTROL CONTROL CONTROL AND ACTIVITIES AND ACTIVITIES OF THE CONTROL CO
Obesity	yes /	no	
Obsessive Compulsive Behavior	yes /		garante garante de la productiva de distributiva de como de descripción del productiva de del del productiva de del como de descripción de la productiva de descripción de la productiva del productiva de la productiva de la productiva del productiva de la productiva del productiva de la productiva de la productiva de la productiva del productiv
Schizophrenia	yes /		Der mann von digen ein der der den man die gestellen von gewende zu der der der der der der der den der den der
Suicide Attempts	yes /	no	
	Additional I	nformation	en segundende ja parka eta ingenera.
1. Are you currently employed?	D No D Yes	•	
If yes, what is your current employm	ent situation?	" s 1942" ernelenet Stramssturvessus dermannssturver (statiste	ZZPA OSKO TOTO POPOLOTO KONO POPOLOTO P
2. Do you consider yourself to be spi If yes, describe your faith or belief: _	ritual or religious	? □ No	
3. What do you consider to be some	of your strengths"		
4. What do you consider to be some			
5. What would you like to accomplis	n out of your time	in therapy?	ETTERATE EERSTEANTALISA EERSTEAT SELTETAAN TAISE ALLA HEL ARESTE ETTA ETTA ETTA ATTA ATTA ATTA ATTA

Consent for Treatment

and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any "cures" cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)	Date

Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

We appreciate your help in keeping the office schedule re	unning timely and efficiently.
Client Signature (Client's Parent/Guardian if under 18)	Date