

CLIENT INTAKE FORM

Please provide the following information to the best of your ability and answer the questions below. Please note: information you provide here is protected as confidential information.

Please print out this form and fill out the information below and bring it to your first session. If this is not possible we will provide this form for you at your first appointment to complete.

Name of parent/guardian (if under 18 years):

Name: _____ Name: _____
(First) (Middle Initial) (Last) (First) (Middle Initial) (Last)

Birth Date: ____/____/____ Age: _____ Gender: _____

Marital Status:

☐ Never Married ☐ Domestic Partnership ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Please list any children/age: _____

Address: _____
(Street and Number) (City) (State) (postcode)

Home Phone: _____ May we leave a message? ☐ Yes ☐ No

Mobile/Other Phone: _____ May we leave a message? ☐ Yes ☐ No

E-mail: _____ May we email you? ☐ Yes ☐ No

Referred by (if any): _____

Medicare # : _____ Expiry: ____/____ Ref # _____

Pension / HCC # : _____ Expiry: _____

Emergency Contact: _____
(Name) (Relationship)

Emergency Contact Phone Number: _____

Previous mental health services (psychotherapy, psychiatric services, etc.)? ☐ No ☐ Yes, Previous therapist/practitioner: _____

Are you currently taking any prescription medication? ☐ No ☐ Yes, Please list: _____

Have you ever been prescribed psychiatric medication? ☐ No ☐ Yes, Please list, inc. dates (where known): _____

I give consent for my information and reports regarding myself to be obtained/released to my referring Practitioner ☐ Yes ☐ No

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? *(please circle)*

Poor Unsatisfactory Satisfactory Good

Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? *(please circle)*

Poor Unsatisfactory Satisfactory Good

Very good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise?

What types of exercise do you participate in? _____

4. Please list any difficulties you experience with your appetite or eating patterns

5. Are you currently experiencing overwhelming sadness, grief or depression? ☐ No ☐ Yes, for approx how long? _____

6. Are you currently experiencing anxiety, panic attacks or have any phobias? ☐ No ☐ Yes, for approx how long? _____

7. Are you currently experiencing any chronic pain?

☐ No ☐ Yes, for approx how long? _____

8. Do you drink alcohol more than once a week? ☐ No ☐ Yes

9. How often do you engage recreational drug use?

☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

10. Are you currently in a romantic relationship? ☐ No ☐ Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship?

Any intimacy issues? ☐ No ☐ Yes

11. What significant life changes or stressful events have you experienced recently:

12. Have you ever Smoked? ☐ Never ☐ Not any more

☐ Currently - qty per day _____

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. *(please circle)*

If **yes**, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

Alcohol/Substance Abuse: no / yes: _____

Anxiety: no / yes: _____

Depression: no / yes: _____

Domestic Violence: no / yes: _____

Eating Disorders: no / yes: _____

Obesity: no / yes: _____

Obsessive Compulsive Behavior: no / yes: _____

Schizophrenia: no / yes: _____

Suicide Attempts: no / yes: _____

Bipolar: no / yes: _____

ADDITIONAL INFORMATION:

1. Are you currently employed? ☐ No ☐ Yes

If yes, what is your current employment situation:

Note Failure to disclose or provide accurate information may affect the ability to provide appropriate treatment plan and Santen Psychology cannot be held responsible.*

☐ I have read this document and have also read the privacy agreement and consent to treatment forms for Santen Psychology.

SIGNATURE: _____

DATE: _____ / _____ / _____