

950 N Washington St Suite 322 Alexandria, VA 22314 Phone: 703-408-3512 www.healthyminds-therapy.com

### **DEMOGRAPHIC INFORMATION**

### DATE

Client Name:	Home Phone:					
Address:	Cell Phone:					
	Work Phone:					
DOB & Age:	Email Address:					
SSN:	Contact Person & Relationship to Client:					
Referral Source:	Emergency Contact Phone Number:					

**INSURANCE & BENEFIT INFORMATION (if applicable)** 

Insurance Company:	Provider Services Phone #:
Insurance ID #:	Group #:
Subscriber Name:	Client Relationship to Subscriber:
Subscriber DOB:	Subscriber Employer:
Subscriber SSN:	Policy Effective Date:
Co-pay/Co-Insurance:	Deductible (Amount met?):
# Visits Allowed:	Preauthorization Required?

## **CANCELLATION POLICY & OUTSTANDING BALANCES**

A 24-hour advance notice is required for cancellation of your scheduled appointment. A missed appointment fee will be charged at **FULL OUT-OF-POCKET FEE** to the credit card on file. After 60 days, any unpaid balance will be charged to the credit card on file. You will be refunded upon the receipt of insurance payments for outstanding dates of service.

### CERTIFICATION AND AUTHORIZATION (if applicable)

I certify that the above information is correct. I authorize the release of any medical information necessary to process this claim. I request that payments be made directly to Healthy Minds Therapy, PLLC on my behalf. Therefore my signature will be on file to file with my insurance company.

<b>Signature of Patient:</b>	
Date:	

# ADULT INTAKE FORM

Current Symptoms (Check All That Apply)  O I have no problems or concerns or concerns or Aggression, violence on Anger on Interpersonal conflicts or criticism or concentrating on Career concerns or Parenting concerns or Parenting concerns or Custody of Children or Delusions (false ideas/hallucinations) of Drug or Alcohol Dependence on Depression or Divorce/Separation or Divorce/Separation or Fatigue/low energy or Parential problems or Parenting problems or Divorce/Separation or Divorce/Separation or Divorce/Separation or Fatigue/low energy or Perfectionism or Chronic pain or Chronic		e:		Date of Birth:		
Current Symptoms (Check All That Apply)  O I have no problems or concerns O Health, medical O Sexual problems O Aggression, violence concerns O Shyness, O Anger O Interpersonal oversensitive to criticism O Difficulty O Irritability O Sleep problems oncentrating O Legal matter O Smoking and tobaccouse concerns O Career concerns O Loneliness O Spiritual, moral, religious, ethical issues O Carear concerns O Loneliness O Spiritual, moral, religious, ethical issues O Delusions (false O Memory problems O Delusions (false O Memory problems O Drug or Alcohol O Nervousness/tension O Dependence O Obsessions & Compulsions O Divorce/Separation O Chronic pain O Paric or anxiety O There I work problems O Fatigue/low energy Attacks O Perfectionism	ital Stat	us:		Age:		
Current Symptoms (Check All That Apply)  O I have no problems or concerns O Health, medical O Sexual problems O Aggression, violence concerns O Shyness, O Anger O Interpersonal oversensitive to criticism O Difficulty Conflicts Concerns O Shyness, O Anxiety O Interpersonal O Oversensitive to criticism O Difficulty O Irritability O Sleep problems Concentrating O Legal matter O Smoking and tobaccouse O Career concerns O Loneliness O Spiritual, moral, religious, ethical issues O Parenting concerns O Loneliness O Spiritual, moral, religious, ethical issues O Delusions (false O Memory problems O Stress O Delusions (false O Memory problems O Stress O Drug or Alcohol O Nervousness/tension Dependence O Obsessions & Compulsions O Withdrawal or isolation O Divorce/Separation O Chronic pain O Stress O Other						
<ul> <li>I have no problems or concerns</li> <li>Aggression, violence</li> <li>Anger</li> <li>Interpersonal conflicts</li> <li>Anxiety</li> <li>Difficulty concentrating</li> <li>Career concerns</li> <li>Parenting concerns</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Depression</li> <li>Depression</li> <li>Death and to be concentration of the conflicts concentration of the conflicts or criticism</li> <li>Sleep problems</li> <li>Sleep problems</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> </ul>	e/Ethnic	ity:		Gender:		
<ul> <li>I have no problems or concerns</li> <li>Aggression, violence</li> <li>Anger</li> <li>Interpersonal conflicts</li> <li>Anxiety</li> <li>Difficulty concentrating</li> <li>Career concerns</li> <li>Parenting concerns</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Depression</li> <li>Depression</li> <li>Depression</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Anxiety concerns on Interpersonal concerns oversensitive to criticism</li> <li>Slep problems oversensitive to criticism</li> <li>Sleep problems</li> <li>Sleep problems</li> <li>Smoking and tobacconcers use</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Fatigue/low energy</li> <li>Feers, phobias</li> </ul>						
or concerns O Aggression, violence O Anger O Interpersonal O Anxiety O Difficulty C Career concerns O Parenting concerns O Delusions (false O Deusons (false O Depression O Depression O Divorce/Separation O Divorce/Separation O Anger O Interpersonal C Concerns O Interpersonal C Concerns O Interpersonal C Concerns O Interpersonal O Curterpowers O Interpersonal O Curticism O Sleep problems O Suicid and tobacco Use O Martial/relationship O Suicidal froughts O Stress O Suicidal thoughts O Stress O Suicidal thoughts O Thought Dependence O Obsessions & O Depression O Divorce/Separation O Chronic pain O Chronic pain O Sexual problems O Shyness, O Shyness, O versensitive to Criticism O Sleep problems O Spiritual, moral, religious, ethical issues Stress O Stress O Suicidal thoughts O Thought disorganization and confusion O Withdrawal or isolation O Work problems O Other O Work problems O Other O Other		Current	Sympto	ms (Check All That A <sub>l</sub>	oply)	
<ul> <li>Aggression, violence</li> <li>Anger</li> <li>Interpersonal</li> <li>Concerns</li> <li>Difficulty</li> <li>Difficulty</li> <li>Career concerns</li> <li>Parenting concerns</li> <li>Custody of Children</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Dependence</li> <li>Depression</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Anxiety</li> <li>Interpersonal coversens oversensitive to criticism</li> <li>Sleep problems</li> <li>Smoking and tobaccouse</li> <li>Smoking and tobaccouse</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Interpersonal oversensitive to criticism</li> <li>Sleep problems</li> <li>Smoking and tobaccouse</li> <li>Smoking and tobaccouse</li> <li>Smoking and tobaccouse</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Other</li> </ul>	0	I have no problems	0	Grief	0	Self-esteem
<ul> <li>Anger</li> <li>Anxiety</li> <li>Difficulty</li> <li>Conflicts</li> <li>Difficulty</li> <li>Concentrating</li> <li>Career concerns</li> <li>Parenting concerns</li> <li>Custody of Children</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Dependence</li> <li>Depression</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Interpersonal conflicts</li> <li>Irritability</li> <li>Legal matter</li> <li>Shooking and tobaccouse</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Memory problems</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Interpersonal</li> <li>Irritability</li> <li>Sleep problems</li> <li>Smoking and tobaccouse</li> <li>Smoking and tobaccouse</li> <li>Smoking and tobaccouse</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Other</li> </ul>			0	Health, medical	0	Sexual problems
<ul> <li>Anxiety</li> <li>Difficulty</li> <li>Conflicts</li> <li>Difficulty</li> <li>Concentrating</li> <li>Legal matter</li> <li>Sileep problems</li> <li>Smoking and tobaccouse</li> <li>Career concerns</li> <li>Parenting concerns</li> <li>Loneliness</li> <li>Parenting concerns</li> <li>Loneliness</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Custody of Children</li> <li>Custody of Children</li> <li>Delusions (false problems</li> <li>Memory problems</li> <li>Memory problems</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Dependence</li> <li>Obsessions &amp; compulsions</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Panic or anxiety isolation</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Perfectionism</li> </ul>	0			concerns	0	Shyness,
<ul> <li>Difficulty concentrating</li> <li>Legal matter problems</li> <li>Career concerns</li> <li>Parenting concerns (your own child)</li> <li>Custody of Children</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Dependence</li> <li>Depression</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Pefeats, phobias</li> <li>Loneliness problems</li> <li>Loneliness (use use</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Panic or anxiety attacks</li> <li>Other</li> <li>Other</li> </ul>	0	Anger				
concentrating	0	Anxiety				
<ul> <li>Career concerns</li> <li>Parenting concerns</li> <li>Loneliness</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Custody of Children</li> <li>Delusions (false ideas/hallucinations)</li> <li>Memory problems</li> <li>Mood swings</li> <li>Drug or Alcohol Nervousness/tension Dependence</li> <li>Depression</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Perfectionism</li> <li>Spiritual, moral, religious, ethical issues</li> <li>Stress</li> <li>Stress</li> <li>Suicidal thoughts</li> <li>Thought disorganization and confusion</li> <li>Withdrawal or isolation</li> <li>Work problems</li> <li>Other</li> </ul>	0		0	Irritability	0	
<ul> <li>Parenting concerns         (your own child)</li> <li>Martial/relationship         problems</li> <li>Delusions (false         ideas/hallucinations)</li> <li>Memory problems</li> <li>Mood swings</li> <li>Drug or Alcohol         Dependence</li> <li>Dependence</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Coneliness</li> <li>Martial/relationship         problems</li> <li>Memory problems</li> <li>Memory problems</li> <li>Mood swings</li> <li>Suicidal thoughts</li> <li>Thought         disorganization and         confusion</li> <li>Withdrawal or         isolation</li> <li>Work problems</li> <li>Panic or anxiety</li> <li>Work problems</li> <li>Other</li> </ul>		concentrating			0	Smoking and tobacco
(your own child)  O Custody of Children  Delusions (false ideas/hallucinations)  Drug or Alcohol Dependence  Dependence  Depression  Divorce/Separation Eating problems  Fatigue/low energy  Fears, phobias  Martial/relationship problems  Martial/relationship problems  Memory problems  Memory problems  Memory problems  Mood swings  Nervousness/tension Mood swings  O Memory problems  Suicidal thoughts  Thought disorganization and confusion  Withdrawal or isolation  Work problems  O Chrenic pain  O Work problems  O Cher  Perfectionism	0	Career concerns		problems		
(your own child)Omartial/relationshipreligious, ethicalO Custody of ChildrenproblemsissuesO Delusions (false ideas/hallucinations)Memory problemsStressO Drug or Alcohol DependenceNervousness/tensionThought disorganization and confusionO DepressionCompulsionsWithdrawal or isolationO Divorce/SeparationChronic painWork problemsEating problemsPanic or anxiety attacksWork problemsFears, phobiasPerfectionism	0	Parenting concerns	0	Loneliness	0	
<ul> <li>Custody of Children</li> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Dependence</li> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Delusions (false of Memory problems of Stress of Stress of Suicidal thoughts of Thought disorganization and confusion of Withdrawal or isolation of Withdrawal or isolation of Mork problems of Memory problems of Memory problems of Stress of Stress of Suicidal thoughts of Misorganization and confusion of Withdrawal or isolation of Memory problems of Memory problems of Stress of Stress of Suicidal thoughts of Misorganization and confusion of Mithdrawal or isolation of Memory problems of Memory problems of Stress of Stress of Stress of Suicidal thoughts of Misorganization and confusion of Mithdrawal or isolation of Memory problems of Memory proble</li></ul>			0	Martial/relationship		
<ul> <li>Delusions (false ideas/hallucinations)</li> <li>Drug or Alcohol Dependence</li> <li>Depression Divorce/Separation</li> <li>Eating problems Dears, phobias</li> <li>Delusions (false ideas/hallucinations)</li> <li>Mood swings Suicidal thoughts Thought disorganization and confusion</li> <li>Divorce/Separation Ochronic pain isolation</li> <li>Panic or anxiety Separation Other Derectionism</li> <li>Perfectionism</li> </ul>	0	Custody of Children				
O Drug or Alcohol Dependence O Depression Depression Divorce/Separation Eating problems Fatigue/low energy Fears, phobias  O Drug or Alcohol O Nervousness/tension O Divousness/tension O Divousness/tension O Divousness/tension O Divousness/tension O Chronic pain O Chronic pain O Withdrawal or isolation O Work problems O Thought disorganization and confusion O Withdrawal or isolation O Work problems O Other O Perfectionism	0		0	Memory problems		
Drug of Alcohol Dependence Obsessions & confusion Obsessions & confusion Obvorce/Separation Eating problems Fatigue/low energy Fears, phobias Obsessions & confusion Obsessions & confu		ideas/hallucinations)	0	Mood swings		
Dependence	0	Drug or Alcohol			0	
O Depression Compulsions O Withdrawal or isolation O Eating problems O Fatigue/low energy O Fears, phobias O Perfectionism O Withdrawal or isolation O Work problems O Chronic pain O Work problems O Chronic pain O Work problems O Work problems O Chronic pain O Chronic pain O Chronic pain O Work problems O Chronic pain O Chronic pa			0	Obsessions &		
<ul> <li>Divorce/Separation</li> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Chronic pain</li> <li>Panic or anxiety</li> <li>Work problems</li> <li>Other</li> </ul>	0	Depression		compulsions	0	
<ul> <li>Eating problems</li> <li>Fatigue/low energy</li> <li>Fears, phobias</li> <li>Panic or anxiety</li> <li>Work problems</li> <li>Other</li> <li>Perfectionism</li> </ul>	0				O	
<ul> <li>Fatigue/low energy attacks</li> <li>Fears, phobias</li> <li>Other</li> </ul>	0				0	
<ul> <li>Fears, phobias</li> <li>Perfectionism</li> </ul>	0					
	0		0	Perfectionism	-	
•	0		0	School problems		
ow long have these difficulties been present?		•		•		

Ment	al H	ealth	Hist	ory
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Mental	<b>Health History</b>								
Have you	received mental hea	Ith treatment	in the past	?					
Date(s)	Therapist/Facility	Reason for seeking treatment				Leng	th of t	reatment	Was treatment helpful?
Psychiatri	ist name (if applicable)	:							
Psychiatri	ist Address								
Psychiatri	ist phone#								
Diagnosis	s (if known):								
			YES	NO	If yes	s, ple	ase de	escribe:	
Have you health rea	ever been hospitalized asons:	for mental							
	ever had thoughts abo o die? Have you ever t self?								
History of	suicidal gestures and/	or attempts:							
Any legal	history:								
Alcoho	l/Substance Use								
Please de	escribe your current use	e of drug, alcoho	ol, and/or t	obacco.					
					Y	ES	NO	If yes, please	e describe:
Has using	g drugs or alcohol ever	caused problem	s for you?						
Have you	ever been treated for	drug or alcohol	abuse?						
								1	

Medical Histor Please list all	ry medical co	ncerns here:						
ist any <b>CURRENT o</b>	r PREVIOUSL	Y prescribed PSYCHIATR	IC medications bel	ow				
Pate(s) Prescribed	Medication	Dosage & Frequency	Reason for prescrip	otion		Is/was the med	ication helpful?	
Family and Soci	ial History	1			l			
				Cov	Age	Relationship	Living at Home	?
Family Members (include spouse, children, parents, siblings)				Sex	Age	Relationship	Yes	No
_								
s there anyone else								

		YES	NO	If yes, please describe	e:
family? (For exa	ychological disorders in nple, depression, anxiety, s, bipolar disorder,				
Is there a history in the family?	of drug or alcohol abuse				
Is there a history	of <b>suicide</b> in the family?				
What was your b	oirth order: out of	_			
Education/E	mployment History				
Education				Spouses' Education (if	applicable)
Highest Degree Completed:				Highest Degree Completed:	
Major				Major	
History of Learni	ng Disorder/Difficulties. If yes,	please d	escribe:		
	thing else I should kn nportant for me to kno		t does	sn't appear on th	is form or other forms, but that is or
	gnature below indicates to opy of this agreement wil				ately completed the form. A ginal.
Client 1	Name	Clie	ent Sign	ature	Date