

Laura S. Pitaniello, MA MFT

Client Intake Form

Name: _____ Birth Date: ____/____/____ Age: _____

Address: _____

Home Phone: _____

May I leave a **message** with someone or on a voicemail at this number? Y N

Cell Phone: _____

May I leave a **general message and/or text** at this number? Y N

Email: _____

May I send **appointment confirmations and general correspondence** to your email? Y N

Emergency Contact Name: _____ Phone Number(s): _____

Relationship to You: _____

Referred by: _____

Occupation: _____

Employer: _____

Average hours worked per week: _____

Work Phone: _____

May I leave a message with someone or on a voicemail at this number? Y N

Relationship Status: Single Dating Cohabiting

Married Civil Union Separated Divorced

Widowed Other: _____

Please list each person currently living in your household (include name, age, and relationship to you):

Please list other family members not currently living in your household but who play a significant role in your life (e.g. partner, child, parent, grandparent):

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)? Yes No

If yes, please describe type, duration, and for what reasons?

Have you been given any psychological diagnoses? Yes No

If yes, which ones and when?

Are you in any danger of abuse, suicide, or homicide? Yes No

If yes, please describe:

Are you currently taking any prescription medications? Yes No

If yes, which medication(s) and why?

Do you drink alcohol? Yes No

If yes, how much and how often?

Do you use recreational drugs? Yes No

If yes, which drugs and how often?

Do you have any physical health problems or concerns? Yes No

If yes, please describe type and duration:

Have you had a recent physical with your physician? Yes No

Please provide date of last physical and physician's name:

Do you regularly engage in exercise? Yes No

If yes, how many days per week (average)?

Do you consider yourself to be spiritual or religious? Yes No

If yes, please describe your faith or belief:

Please provide a brief description about the issue(s) for which you are seeking therapy, and why you are seeking therapy now.
