

Susan Denison, MSW, LCSW

INTAKE FORM

Today's Date: \_\_\_\_\_

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender : M F

**Parent/Guardian (if applicable):** \_\_\_\_\_

**Home Address:**

Street \_\_\_\_\_ City/State \_\_\_\_\_

Zip code \_\_\_\_\_ email: \_\_\_\_\_

**Telephone:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Employment and/or School:** \_\_\_\_\_

**Highest Level of Education Completed:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Insurance information:**

Co name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Family Members Currently Residing in Home:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Animal Companions:** \_\_\_\_\_

**Presenting Problem- Please explain your reason(s) for seeking therapy:**

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**History of Presenting Problem—how long have the symptoms been occurring?**

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**Your Goals for Therapy at this time:**

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Have you or your child ever received therapy before? \_\_\_ No \_\_\_ Yes

Name: \_\_\_\_\_ Date(s) \_\_\_\_\_

Name: \_\_\_\_\_ Date(s): \_\_\_\_\_

Are you or your child being seen by another therapist now? \_\_\_ No \_\_\_ Yes

Name: \_\_\_\_\_  
\_\_\_\_\_

Are you currently seeing a psychiatrist? \_\_\_ No \_\_\_ Yes

Name: \_\_\_\_\_

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

Current Medications/Dosage: \_\_\_\_\_  
\_\_\_\_\_

Diagnosis given by previous therapist/psychiatrist \_\_\_\_\_

Have you ever been hospitalized? \_\_\_ No \_\_\_ Yes

a. Medical \_\_\_\_\_

Date(s) of Medical Hospitalizations: \_\_\_\_\_

b. Mental Health \_\_\_\_\_

Date(s) of Psychiatric Hospitalizations: \_\_\_\_\_

Have you or your child ever made a suicide attempt? If yes, please explain how/when:  
\_\_\_\_\_  
\_\_\_\_\_

Is there a family history of mental health issues? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alcohol/Drug History:**

Is there a family history of alcohol or drug problems? If yes, please explain:

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Are you or your child currently in treatment? \_\_\_\_ No \_\_\_\_ Yes

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Type of Substance(s) Used: \_\_\_\_\_

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Frequency of use: \_\_\_\_\_

How long have substances been used? \_\_\_\_\_

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**What are you (or your child's) personal strengths and interests?**

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**Please list any social activities or clubs**

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**Please describe your (or your child's) interpersonal relationships/family relationships:**

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**Trauma History:**

Please describe any pre/perinatal issues, medically invasive surgeries, accidents, head injuries, adoption etc, that might contribute to trauma:

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Would other family members be willing to participate in treatment?

\_\_\_\_\_ No \_\_\_\_ Yes If no, reason: \_\_\_\_\_

Would it be ok to thank the individual who referred you or your child?

If yes, referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Signature: \_\_\_\_\_

May I call and leave a message on your phone? \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ both

Is it ok to send a confidential email? \_\_\_\_ No \_\_\_\_ Yes

Is there anything else that you would like for me to know?

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