
# Confidential Intake Packet

Client's Legal Name _____ Date _____

Address_____

City _____ State _____ Zip _____

Phone number(s):

Home (_____)_____

Cell (_____)_____

Email _____

How & where did you hear about us?

Google Insurance FaceBook Church/Pastor Friend/Family Theravive

Psychology Today GoodTherapy TherapyNetwork Other_____

Date of Birth _____ Social Security Number _____

How do you identify your gender? _____

How do you identify your ethnicity (race)? _____

Marital Status (Please Circle):

Married Single Widowed Divorced Separated Engaged

Common Law Living Together Partners/Committed Other

Religious preference: His/Hers_____ His/Hers_____

If so, where do you attend?_____

Occupation: His/Hers_____His/Hers_____

Employer: His/Hers_____His/Hers_____

Please briefly describe your reason for coming to Refresh Therapy

_____

_____

_____

Have you been in therapy before? Y / N

Are you currently receiving therapy elsewhere? Y / N

If yes, with whom and for how long? _____

If applicable, briefly tell us your impressions of past therapy services

_____

_____

If your therapist deems it helpful and/or necessary, do you give Refresh Therapy Inc, permission to contact your physician in order to coordinate services? Y / N

If yes, what clinic/doctor? _____

Please list current medications

_____

_____

List any health problems for which you currently receive treatment

_____

_____

List any past health problems that have impacted your life

_____

_____

Have you ever been hospitalized for a psychiatric illness? Y / N

Does anyone in your immediate family have mental health issues? Y / N

If yes, please describe _____

Have you ever seriously considered suicide? Y / N

If yes, when? _____

Have you ever attempted suicide? Y / N

If yes, when? _____

Have you ever dealt with drug and/or alcohol addiction? Y / N

If yes, please describe _____

Marital History

1st Marriage: Date began _____ Ended? Y / N If yes, When? _____

Name of spouse _____ Children & ages _____

2nd Marriage: Date began _____ Ended? Y / N If yes, When? _____

Name of spouse _____ Children & ages _____

3rd Marriage: Date began _____ Ended? Y / N If yes, When? _____

Name of spouse _____ Children & ages _____

If currently in a committed relationship, briefly describe the state of that relationship

_____

_____

Partner's Name _____ Occupation _____

How long have you been together? _____

Children (include biological, step, foster, adopted, etc.)

Name Sex Age Type (bio, step etc) Lives with

_____

_____

_____

_____

Who are significant people and/or family members in your life?

_____

_____

Are you, or anyone in your family, currently or recently involved with:

Department of Human Services (CPS) Y / N Who? _____
Department of Corrections Y / N Who? _____
Probation or Parole Y / N Who? _____
Addiction treatment/rehabilitation Y / N Who? _____
Other _____

Please circle any of the following which are currently causing you difficulty. Please feel free add your own in the space provided.

| | | | |
|---|---|---|---|
| Siblings | Health Problems | Self worth | Communication |
| Parents | Trouble sleeping | Sexual Problems | Concentration |
| In Laws | Nightmares | Health | Abuse |
| Parenting | Excessive worry | Energy | Finances |
| Children | Depression | Anger | Decision Making |
| Friends | Motivation | Disordered eating | Grief |
| Gender identity | Mood Swings | Stress | Weight Issues |
| Sexual Orientation | Panic Attacks | Substance Use | Phobias/Fears |
| Infertility | Self Harm/Cutting | Alcohol Use | My Past |
| Adoption | Life Transitions | Work/School | Trust Issues |
| Pregnancy loss | Suicidal thoughts | Divorce/Separation | Domestic Violence |
| Childbirth complications | Spirituality | Unhappiness | |

Please * the top 3 that are causing you the most difficulty

Please list any other concerns or symptoms you would like your therapist to know about

_____

_____

Please provide any additional information you feel may be useful for your therapists to know

_____

_____

**If applicable, for clients under 18, please complete this section**:

1) Parent/Guardian's name: _____

Parent/Guardian's address: _____

Parent/Guardian's phone #: _____

2) Parent/Guardian's name: _____

Parent/Guardian's address: _____

Parent/Guardian's phone #: _____

School Attended: _____

Please provide a brief summary of pertinent academic performance

and/or behaviors in school _____

_____

Suspended from school? Y / N

Involvement with juvenile probation? Y / N

Concerns about substance use? Y / N