



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? _____

Preferred pronoun? _____

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: _____

If so, where do you attend? _____

Occupation: _____

Employer: _____

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

