



4. Intake Questionnaire

This is an intake form, which you'll fill out as we begin the therapy process. The purpose of this form is to provide me with the important information about your life and to help guide us in our early discussions. Feel free to leave any of the prompts blank, we can always come back to them later. I will be reading this document thoroughly and going over each item with you.

Section I: Medical and Accessibility

Do you have any medical conditions that are relevant to your mental health?:

Are you currently taking any medications regularly? Please list them.:

Do you have any access needs? How can I best meet them?:

Section II: Mental Health Status and History of Treatment

Have you received treatment for mental health before? Please share a little bit about your history of treatment.:

On a scale of 1-10, with 1 being no distress and 10 being extreme distress at all times, how distressing are your current mental health symptoms?:

What current mental health symptoms are you experiencing? Please share as many as you can think of, they're all important.:

How have you been managing your symptoms thus far? Please describe specific things you are doing or not doing.:

Please share about the history of mental health in your family of origin and what it was like to grow up in your family (if you did not grow up with family please share about the primary people taking care of you and the people you spent the most time around as a young person).:

Section III: Community

Please share about current family members and your relationship with them.:

Please share about current close friends/partners and your relationship with them.:

Please share about your current work/school environment.:

Please share about current hobbies and any chosen communities you might be a part of.:

Section IV: About You

What are some examples of media that you connect with? (movies, tv shows, music, books, podcasts, visual art, etc.):

What major events have shaped your life?:

What makes you, you?:

What are your greatest strengths? Don't be shy ;):

Section V: Identities and Systems

What identities (such as parent, race, disability, money/class, etc.) do you hold that meaningfully influence your life?:

Are there any specific institutions (such as governmental, school, workplaces, nonprofit, etc.) or systems of oppression (such as racism, misogyny, homophobia, ableism, sanism, xenophobia, etc.) that have had an especially large influence on your life, that you would like to ensure that we talk about? Please list them and share a brief description of how they've influenced you.:

Section VI: Our Therapeutic Process

How did you find out about my practice?:

Why are you seeking counseling and what are your intentions for our time together?: