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LICENSED MARRIAGE AND FAMILY THERAPIST
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INTAKE FORM

Please fill out this form as fully and openly as possible. ***This information is confidential*** *and will not be released without your consent. If certain items do not apply to you, please leave them blank.*

1) Name: _____ 2) Today's Date: _____

3) Address: _____

Street City State Zip

4) Gender: □ M □ F □ M to F □ F to M

5) Date of Birth: _____

6) Age:_____

6) Ethnicity: _____

7) Phone: _____ (Cell/Home)

May I text message you and/or leave a message on your cell phone? Yes No

8) Email: _____ Is it OK to contact you by email? Yes No

9) Emergency contact: Name:_____Phone:_____Relationship:_____

10) Highest level of education completed: _____

11) Employer name and address:_____

12) Occupation: _____Job title:_____

13) Present Relationship Status (check any that apply):

□ Married/partnered □ one person □ several people

□ Single: How long ____years

□ In a new relationship (6 months or less)

□ Dating: □ one person □ several people

□ Other

14) If married/partnered, do you live with your spouse/partner(s)? □Yes □No

15) If married/partnered, I have been in this relationship for _____ years

16) Do you have children? If so, please list their respective genders and ages:

_____

17) Who lives in your household? _____

_____

18) Who referred you to my practice?_____

19) May I notify this person that you have contacted me? Yes No

THERAPY/COUNSELING HISTORY

20) Are you presently receiving other counseling services? ☐Yes ☐No

If yes, please briefly describe:_____

21) Have you received counseling in the past? ☐Yes ☐No

If yes, what was most helpful about the previous therapist? What was unhelpful?:

_____

_____

_____

22) Have you ever been hospitalized for a *mental health* issue or spent time as a patient at a mental health clinic? If yes, please explain:

_____

23) Have you ever had suicidal *thoughts*? _____ Have you ever *attempted* suicide?_____

24) Do you have thoughts or urges to harm others? If yes, please explain:

_____

25) What is your main reason for coming to counseling now?

_____

_____

_____

26) How long has this/these problem/s persisted (from #25)?_____

27) Under what conditions do your problems usually get worse?_____

_____

28) Under what conditions do your problems usually improve?_____

_____

29) Please check how often the following thoughts occur to you:

• Life is hopeless	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am lonely	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• No one cares about me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am a failure	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• Most people don't like me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I want to die	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I want to hurt someone	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

• I am so stupid	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am going crazy	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't concentrate	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am so depressed	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• God is disappointed in me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't be forgiven	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• Why am I so different?	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't do anything right	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• People hear my thoughts	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I have no emotions	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• Someone is watching me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I hear voices in my head	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am out of control	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

Please comment (e.g., examples frequency, duration, their effects on you) about EACH OF THE ABOVE THOUGHTS which occur FREQUENTLY. Feel free to use the back of this sheet if necessary.

_____

_____

_____

30) Check any behaviors and symptoms that you have experienced in the past six months:

☐ Increased Appetite	☐ Isolation	☐ Memory impairment	☐ Trembling
☐ Decreased Appetite	☐ Elevated mood	☐ Mood shifts	☐ Withdrawing
☐ Anger	☐ Fatigue/low energy	☐ Panic attacks	☐ Worrying
☐ Sleeping problems	☐ Hallucinations	☐ Phobias/fears	☐ Antisocial behavior
☐ Anxiety	☐ Tearful or crying spells	☐ Recurring thoughts	☐ Aggression
☐ Low motivation	☐ Hopelessness	☐ Sexual difficulties	☐ Other (specify)
☐ Depression	☐ Impulsiveness	☐ Low self-esteem	
☐ Disorientation	☐ Irritability	☐ Speech problems	
☐ Distractibility	☐ Judgment errors	☐ Suicidal thoughts	
☐ Dizziness	☐ Loneliness	☐ Thoughts disorganized	

Give examples of how each of these which you checked impair functioning (e.g., socially, emotionally, occupationally, physically, etc.) Feel free to use the back of this sheet if necessary.

_____

_____

_____

MEDICAL HISTORY

31) Name & address of your physician(s):

a. Physician's name/address:

_____

32) Have you ever been hospitalized for a *physical* reason? If so, please briefly explain:

_____

33) List any major illnesses and/or operations you have had:

_____

34) Please check any of the following physical concerns you are currently experiencing or have experienced in the past:

- ☐ Headache
- ☐ High blood pressure
- ☐ Head injury
- ☐ Angina or chest pain
- ☐ Irritable bowel
- ☐ Chronic pain
- ☐ Heart attack
- ☐ Bone or joint problems
- ☐ Back pain
- ☐ Seizures
- ☐ Dizziness
- ☐ Kidney related issues
- ☐ Chronic fatigue
- ☐ Faintness
- ☐ Urinary tract problems
- ☐ Heart palpitations
- ☐ Endometriosis
- ☐ Painful Intercourse
- ☐ High sexual desire
- ☐ Fibromyalgia
- ☐ Numbness & tingling
- ☐ Shortness of breath
- ☐ Diabetes
- ☐ Thyroid issues
- ☐ Hepatitis
- ☐ Sexually Transmitted Infection
- ☐ Hormone-related problems
- ☐ Heart valve problems
- ☐ Asthma
- ☐ HIV/AIDS
- ☐ Cancer
- ☐ Loss of erection
- ☐ Difficulty with orgasm
- ☐ Difficulty with arousal
- ☐ Low sexual desire
- ☐ Loss of erection
- ☐ Urinary incontinence
- ☐ Difficulty with defecation/constipation
- ☐ Pelvic floor dysfunction

35) Please list any other physical concerns that you think I should be aware of:

_____

36) When was your last complete physical exam? _____ Results: _____

37) On average, how many hours of sleep do you get per day?_____

38) Do you have trouble falling asleep at night? ☐Yes ☐No

39) Have you gained/lost over ten pounds in the past year? ☐Yes ☐No

40) Describe your appetite during the past week:

□ poor appetite □ average appetite □ high appetite

Is that typical for you? □Yes □No

41) What medications are you taking presently, and for what purpose?_____

_____

42) Have you ever (past or present) been dependent upon or addicted to any substance/drug/alcohol for any period of time? If yes, please explain:

_____

43) Have you ever (past or present) had disordered eating of any kind (over-eating; anorexia; bulimia; purging; dependence on laxatives, etc.)? If yes, please explain:_____

_____

44) Have you ever (past or present) suffered with body image issues? _____

_____

45) Is anyone in your family or close friend circle struggling with addictions or or violence, etc. that may be having an effect on your mental health?

_____

_____

RELIGION/SPIRITUALITY

46) What is your present religious affiliation?

□ Christian (please specify) _____ □ None, but I believe in God

□ Jewish □ Agnostic

□ Islam □ Atheist

□ Buddhist □ Other (please specify) _____

47) How important is religious commitment to you?

Unimportant				*Average Importance*					*Extremely Important*
1	2	3	4	5	6	7	8	9	10

48) Do you desire having your religious beliefs and values incorporated into the counseling process?

□Yes □No □ Not Sure

If yes, please explain: _____

FAMILY HISTORY

49) Mother's age: _____ If deceased, how old were you when she died? _____

50) Father's age: _____ If deceased, how old were you when he died? _____

51) Any other significant parent(s)'s/caretaker's age(s): _____ If deceased, how old were you when this person(s) died? _____

52) If your parents became separated or divorced, how old were you then? _____

53) Number of brother(s): _____ Their ages: _____ _____ _____ _____ _____ _____

54) Number of sister(s): _____ Their ages: _____ _____ _____ _____ _____ _____

55) I was child number _____ in a family of _____ children.

56) Were you adopted or raised with parents other than your biological parents? ☐Yes ☐No

57) Briefly describe your relationship with your brothers and/or sisters:_____

_____

_____

58) Which of the following best describes **the family** in which you grew up?

Warm/accepting *Average* *Hostile/fighting*

1 2 3 4 5 6 7 8 9 10

59) Which of these describes the way in which your family raised you?

Allowed me to be very independent *Average* *Attempted to control me*

1 2 3 4 5 6 7 8 9 10

YOUR MOTHER (OR SUBSTITUTE MOTHER)

60) Briefly describe your mother: _____

_____

61) How did she discipline you? _____

_____

62) How did she reward you? _____

_____

63) How much time did she spend with you when you were a child?

☐ Much ☐ Average ☐ Little

64) Your mother's employment when you were a child:

☐ Stayed home ☐ Worked outside part-time ☐ Worked outside full-time

65) How did you get along with your mother when you were a child?

☐ Poorly ☐ Average ☐ Well

66) How do you get along with your mother now?

□ Poorly □ Average □ Well

67) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? □Yes □No

If yes, please describe: _____

_____

68) Is there anything unusual about your relationship with your mother? □Yes □No

If yes, please describe: _____

_____

69) Describe overall how your mother treated the following people as you were growing up:

(Circle one answer for each)

Your Mother's Treatment Toward:	Poor				Average					Excellent
a. You	1	2	3	4	5	6	7	8	9	10
b. Your family	1	2	3	4	5	6	7	8	9	10
c. Your father/other parent	1	2	3	4	5	6	7	8	9	10

YOUR FATHER (OR OTHER PRIMARY PARENT)

70) Briefly describe your father/other primary parent:_____

_____

71) How did he discipline you? _____

_____

72) How did he reward you?_____

_____

73) How much time did he spend with you when you were a child?

□ Much □ Average □ Little

74) Your father's employment when you were a child:

□ Stayed home □ Worked outside part-time □ Worked outside full-time

75) How did you get along with your father when you were a child?

□ Poorly □ Average □ Well

76) How do you get along with your father now?

□ Poorly □ Average □ Well

77) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? ☐Yes ☐No

If yes, please describe: _____

_____

78) Is there anything unusual about your relationship with your father? ☐Yes ☐No

If yes, please describe: _____

_____

79) Describe overall how your father treated the following people as you were growing up:

(Circle one answer for each)

Your Father's Treatment Toward:	Poor				Average					Excellent
a. You	1	2	3	4	5	6	7	8	9	10
b. Your family	1	2	3	4	5	6	7	8	9	10
c. Your mother/ or other parent	1	2	3	4	5	6	7	8	9	10

Thank you for completing this intake form!