

Psychological Intake Form

This form has been designed to gather important information about your history and current symptoms that will be useful in your treatment. Please do your best to complete it fully. If you feel uncomfortable completing any sections, feel free to leave them blank.

Identifying Information

Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Race: _____

Address: _____

Phone: _____

Email Address: _____

Reason for Referral

Please describe your chief complaint and your main reason(s) for seeking treatment:

Please describe how this problem(s) interferes with your daily functioning. In what areas?

History of chief complaint: Please describe how and when this problem(s) began. Be as specific as possible.

Family History

Where were you born? _____

Mother's name: _____

Father's name: _____

Siblings' names: _____

Briefly describe your history of relationship with family members: _____

Briefly describe your current relationship with family members: _____

Were you ever the victim of physical, emotional, or sexual abuse? (If so, please explain):

Are you currently married, divorced or single? _____

Briefly describe your history of relationships with significant others: _____

Medical History

Did your mother use alcohol, tobacco, or other drugs during pregnancy? (If so, please explain):

Were you born prematurely? _____ If so, how many weeks early were you born? _____

Did your mother have any complications with labor or delivery? _____

Did you have any difficulty reaching developmental milestones (learning to walk, talk, toilette train, adjusting to school, etc)? _____

Have you ever had a serious injury or illness? _____

If yes, illness/injury date and medical treatment: _____

Do you have any history of head injuries? (if so, please explain): _____

Do you have any history of surgeries? (If so, please explain): _____

Have you had difficulty with vision, hearing, or other senses? (If so, please explain): _____

Do you have any current medical concerns? (If so, please explain): _____

Are you currently taking any medications? (If so, please explain): _____

Educational History

Highest Grade completed: _____ Degree Earned: _____

Mother's highest education level: _____ Father's: _____

Did you ever skip a grade or repeat a grade? (If so, please explain): _____

Were you ever placed in special education, or received any form of extra assistance? (If so, please explain): _____

What grades did you receive in elementary school? _____

In what subjects did you do particularly well? _____

In what subjects did you have difficulty? _____

What grades did you receive in middle school? _____

In what subjects did you do particularly well? _____

In what subjects did you have difficulty? _____

What grades did you receive in high school? _____

In what subjects did you do particularly well? _____

In what subjects did you have difficulty? _____

What grades did you receive in college? _____

In what subjects did you do particularly well? _____

In what subjects did you have difficulty? _____

How was your behavior in school? _____

Were you ever suspended or expelled? _____

Were you ever told by teachers or parents that you struggled with attention or concentration?

Were you ever diagnosed with a learning disorder or Attention-Deficit Hyperactivity Disorder (ADHD)?

Occupational History

Current occupation: _____

Employer: _____

Other recent employment: _____

Have you ever had work difficulties or trouble getting along with bosses or co-workers? (If so, please explain) _____

How does your chief complaint relate to your work functioning? _____

Psychological History

Have you ever participated in inpatient psychiatric treatment? (If so, please describe): _____

Have you ever participated in individual therapy or couples' therapy? (If so, please describe):

What was the duration of treatment? _____

Was this treatment successful? _____

Have you ever had difficulty with the following: (If so, please specify when):

Depressed mood, feelings of helplessness or worthlessness, and decreased motivation:

Stress, anxiety, or tension that was beyond what would be expected for a given event:

Distressing physical sensations such as shortness of breath, racing heart, dizziness, etc.:

Obsessive thoughts or images that you could not ignore:

Repetitive behaviors or rituals that you felt compelled to complete:

Distressing memories, flashbacks, or dreams in response to a traumatic event:

Over the last two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: _____

Feeling down, depressed, or hopeless: _____

Trouble falling or staying asleep, or sleeping too much: _____

Feeling tired or having little energy: _____

Poor appetite or overeating: _____

Feeling bad about yourself – or that you are a failure or have let yourself or your family down:

Trouble concentrating on things such as reading the newspaper or watching television: _____

Moving or speaking so slowly that other people noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual: _____

Feeling anxious and worried: _____

Thoughts that you would be better off dead, or of hurting yourself: _____

Have you ever seriously thought about, planned, or attempted to hurt yourself or someone else?

Has there ever been a period of time when you were so easily distracted by things around you that you had trouble concentrating or staying on track? _____

Substance Use History

Please check any of the following that you have used:

Alcohol: _____ Tobacco: _____ Marijuana: _____ Heroin: _____ Cocaine: _____ Amphetamine: _____

Opium: _____ Morphine: _____ Ecstasy/XTC: _____ Glue/solvents/inhalants: _____ LSD/PCP: _____

Other: _____

Have you ever used substances daily (If so please explain type): _____

Have you ever felt that you should cut down on your substance use? _____

Has anyone ever criticized your use or suggested you cut down? _____

Legal History

Do you have any history of arrest or involvement with the legal system? (If so please explain):

Are you currently involved in any legal proceedings? (If so, please explain): _____

I state the above information to be true and accurate to the best of my ability

Signature

Date