

Confidential Intake Questionnaire

Date: _____

Name: _____ Date of Birth: _____ Present Age: _____

Address: _____ City: _____ State _____ Zip _____

Email: _____ Phone: _____ Gender: _____

Referred by: _____ Marital Status/History: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Personal History

Educational Background (degrees, certifications, training): _____

Occupation: _____

Family/Others You Grew up With

Employer: _____

Family/Others You Currently Live With

For what questions or concerns are you currently seeking help? _____

List three ways you would like your life to be different one year from now:

1. _____
2. _____
3. _____

Medical History

Are you currently taking medication? _____

If yes, what type/effects? _____

Do you use alcohol? _____ If yes, weekly frequency/amount? _____

Do you use other drugs? _____ If yes, type/frequency/effect? _____



Do you have any allergies? _____

Do you have a medical condition I should be aware of? _____

Are you currently receiving care from any medical practitioner or alternative health care provider (acupuncturist, body worker, chiropractor, psychic, etc.)? If yes, please describe: _____

Past Counseling/Psychotherapy/Hypnotherapy History (Type, Date, and Duration):

Is there any history of sexual or other abuse/trauma in your life? _____

Have you ever attempted suicide? _____

Are you currently having suicidal thoughts? _____

Religious/Spiritual Background/Orientation

Growing up: _____ Currently: _____

What do you believe in that gives meaning to your life? _____

Cancellation Policy: If you need to cancel or reschedule an appointment, please give 24 hours notice to avoid being charged for a missed session.

Payment Policy: I accept cash, check or credit card payments at the time of session. If you would like to pay via Paypal, you may do so in advance including an additional fee of 2.75%.

Disclaimer: As with all alternative and complementary therapies, none of the courses, therapies and treatments listed on my website are meant to replace medical diagnosis, treatment or specialist care from a physician or other qualified medical professional. If you are currently following medical care and using a prescribed medication(s), please do not stop taking your medication without seeking the proper medical advice.

If you have any concerns regarding your professional medical care, or your medical condition, I advise you most strongly to seek the advice of your physician or other medical caregiver.

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