

Optional Client Intake Worksheet

What is the reason you are seeking therapy at this time, how long has it been this way, any previous problems like this, symptoms you are having?

Any use of alcohol or other addictive substances? For how long, affects on you, patterns of use, any treatment in the past, any family members using this also?

Any past psychiatric treatments, outpatient or inpatient, when, where, and for what reason,?

Any medical illnesses, surgeries, or conditions?

Any family members with medical illnesses or conditions?

Any developmental issues, such as delays in development as a child, special needs, or physical needs, such as hearing or vision limitations?