

# CLIENT INTAKE FORM

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**Joely Spencer**

joely.spencer@gmail.com

Date of first appointment:

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Referred by:

- Medical Provider: \_\_\_\_\_
- Insurance Provider: \_\_\_\_\_
- My Website:
- PsychologyToday
- Friend/Family: \_\_\_\_\_
- Other: \_\_\_\_\_

Have you previously received any type of mental health services?

- Yes
- No

If yes, which of the following:

- Psychotherapy
- Medication
- Outpatient Hospitalizations
- Inpatient Hospitalization

If yes, please provide:

Name of provider or facility: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Briefly, what brings you in today

When did your problem first start? Within the last:

- 30 days
- 6--12 months
- 2 years
- During adolescence
- During childhood

What areas of your life have been affected because of this problem?

Are you currently experiencing overwhelming sadness, grief or depression?

- Yes
- No

If yes, for approximately how long? \_\_\_\_\_

Are you currently experiencing anxiety, panic attacks or have any phobias?

Yes

No

If yes, when did you begin experiencing this? \_\_\_\_\_

Please describe any major losses or traumas you have experienced:

What significant life changes or stressful events have you experienced recently?

What would you like to accomplish out of your time in therapy

### Family History

Where were you born? \_\_\_\_\_

Where did you grow up? \_\_\_\_\_

City

Suburbs

Country

Please list your parents and siblings. Please use additional space on the back if needed

Name	Age	Relationship	Where do they live now?	If deceased, age and cause of death

Who did you live with while growing up? \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Father's occupation? \_\_\_\_\_

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).