

INTAKE FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Name: \_\_\_\_\_

Name of parent/guardian (if under 18 years):

\_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status:

Never Married  Defacto  Married  Separated  Divorced  Widowed

Please list any children/age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you first hear of me?

My website		Yellow Pages Book	
Usenature.com		Friend or Family	
Yellow Pages Online		Doctor or Therapist	
Natural therapy pages.com		Footpath Sign	
Good therapy.com		Montserrat Reception	
Australian hypnotherapist Association.		Newspaper	
Another Website			

Referred by (if any): \_\_\_\_\_

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No  
 Yes, previous therapist/practitioner:

\_\_\_\_\_

Are you currently taking any prescription medication?  Yes  No

Please list: \_\_\_\_\_

\_\_\_\_\_

Please describe your problem in your own words \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

\_\_\_\_\_

\_\_\_\_\_

2. How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

3. How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you participate in?

\_\_\_\_\_

4. Please list any difficulties you experience with your appetite or eating patterns:

\_\_\_\_\_

\_\_\_\_\_

5. Are you currently experiencing overwhelming sadness, grief, or depression?  No  Yes

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

6. Are you currently experiencing anxiety, panic attacks, or have any phobias?  No  Yes

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

7. Are you currently experiencing any chronic pain?  No  Yes

If yes, please describe: \_\_\_\_\_

8. Do you drink alcohol more than once a week? \_\_\_\_\_

9. How often do you engage recreational drug use? \_\_\_\_\_

10. Are you currently in a romantic relationship?  No  Yes

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

On a scale of 1-10, how would you rate your relationship? \_\_\_\_\_

11. What significant life changes or stressful events have you experienced recently:

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1. Are you currently employed?  No  Yes  
If yes, what is your current employment position?

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Do you enjoy your work? Is there anything stressful about your current work?

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2. Do you consider yourself to be spiritual or religious?  No  Yes  
If yes, describe your faith or belief:

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3. What do you consider to be some of your strengths?

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4. What do you consider to be some of your weaknesses?

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

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