CLIENT INTAKE FORM

PORTLAND MENTAL WELLNESS | RYAN GRASSMANN, .MA. | COUNSELOR, LPC REGISTERED INTERN
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PLEASE COMPLETE THIS FORM BY ENTERING THE FOLLOWING INFORMATION BELOW AND BRING IT TO YOUR FIRST SESSION.

PLEASE NOTE: INFORMATION PROVIDED HERE IS PROTECTED HEALTH INFORMATION.

GENERAL INFORMATION

TODAY'S DATE:_____ NAME:_____

DATE OF BIRTH:_____ AGE:_____ GENDER:_____ RELATIONSHIP STATUS:_____

PLEASE LIST ANY CHILDREN & THEIR AGE(S):_____

ADDRESS:_____

PHONE | HOME :_____ MAY WE LEAVE A MESSAGE?_____

PHONE | CELL/OTHER:_____ MAY WE LEAVE A MESSAGE?_____

EMAIL:_____ MAY WE EMAIL YOU?_____

***PLEASE NOTE: EMAIL CORRESPONDENCE IS NOT CONSIDERED TO BE A CONFIDENTIAL FORM OF COMMUNICATION.**

DO YOU WANT TO SUBSCRIBE TO OUR E-NEWSLETTER? Y / N

BRIEFLY DESCRIBE WHAT IS TROUBLING YOU (YOUR PRIMARY REASON FOR SEEKING COUNSELING SERVICES).

_____

_____

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?

NO:_____ YES | PLEASE LIST:_____

_____

HAVE YOU EVER BEEN PRESCRIBED PSYCHIATRIC MEDICATION?

NO:_____ YES | PLEASE LIST AND PROVIDE DATES:_____

_____

DO YOU SUFFER FROM ANY CHRONIC ILLNESS?

NO:_____ YES | PLEASE DESCRIBE:_____

_____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

HOW WOULD YOU RATE YOUR CURRENT PHYSICAL HEALTH?

POOR:_____ UNSATISFACTORY:_____ SATISFACTORY:_____ GOOD:_____ VERY GOOD:_____

PLEASE LIST ANY SPECIFIC HEALTH PROBLEMS YOU ARE CURRENTLY EXPERIENCING:_____

HOW WOULD YOU RATE YOUR CURRENT SLEEPING HABITS?

POOR:_____ UNSATISFACTORY:_____ SATISFACTORY:_____ GOOD:_____ VERY GOOD:_____

HOW MANY TIMES PER WEEK DO YOU GENERALLY EXERCISE?_____

IN WHAT TYPES OF EXERCISE DO YOU PARTICIPATE?_____

PLEASE LIST ANY DIFFICULTIES YOU EXPERIENCE WITH YOUR APPETITE OR EATING PATTERNS:_____

ARE YOU CURRENTLY EXPERIENCING OVERWHELMING SADNESS, GRIEF, OR DEPRESSION?

NO:_____ YES | FOR APPROXIMATELY HOW LONG?_____

ARE YOU CURRENTLY EXPERIENCING ANXIETY, PANIC ATTACKS, OR HAVE ANY PHOBIAS?

NO:_____ YES | PLEASE DESCRIBE:_____

HAVE YOU HAD THOUGHTS OF ENDING YOUR LIFE?

NO:_____ YES | PLEASE DESCRIBE:_____

ARE YOU CURRENTLY EXPERIENCING ANY CHRONIC PAIN?

NO:_____ YES | PLEASE DESCRIBE:_____

DO YOU DRINK ALCOHOL MORE THAN ONCE PER WEEK?

NO:_____ YES | HOW MANY TIMES?_____

HOW OFTEN DO YOU ENGAGE IN RECREATIONAL DRUG USE?

DAILY:_____ WEEKLY:_____ MONTHLY:_____ INFREQUENTLY:_____ NEVER:_____

ARE YOU CURRENTLY IN A ROMANTIC RELATIONSHIP?

NO:_____ YES | FOR HOW LONG?_____

ON A SCALE OF 1-10, HOW WOULD YOU RATE YOUR RELATIONSHIP?_____

WHAT SIGNIFICANT LIFE CHANGES OR STRESSFUL EVENTS HAVE YOU EXPERIENCED RECENTLY?_____

FAMILY MENTAL HEALTH HISTORY

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.

	YES | NO	LIST FAMILY MEMBER
ALCOHOL/SUBSTANCE ABUSE	Y | N	
ANXIETY	Y | N	
BI-POLAR DISORDER	Y | N	
DEPRESSION	Y | N	
DOMESTIC VIOLENCE	Y | N	
EATING DISORDERS	Y | N	
OBESITY	Y | N	
OBSESSIVE COMPULSIVE BEHAVIOR	Y | N	
PERSONALITY DISORDER	Y | N	
SCHIZOPHRENIA	Y | N	
SUICIDE ATTEMPTS	Y | N	

ADDITIONAL INFORMATION

ARE YOU CURRENTLY EMPLOYED?

NO:_____YES | WHAT IS YOUR CURRENT EMPLOYMENT?_____

DO YOU ENJOY YOUR WORK?_____

IS THERE ANYTHING STRESSFUL ABOUT YOUR CURRENT WORK?_____

_____

DO YOU CONSIDER YOURSELF SPIRITUAL OR RELIGIOUS?

NO:_____YES | DESCRIBE YOUR BELIEF/FAITH:

***PLEASE NOTE: BY COMPLETING THIS SECTION YOU AUTHORIZE ME TO CONTACT THE INDIVIDUAL IN SITUATIONS INVOLVING AN EMERGENCY.**

PLEASE LIST AN EMERGENCY CONTACT:

NAME:_____PHONE:_____

RELATIONSHIP:_____

HOW DID YOU HEAR ABOUT PORTLAND MENTAL WELLNESS / RYAN GRASSMANN, M.A.?_____

_____

BY SIGNING THIS I CERTIFY THAT THE ABOVE IS TRUE TO MY KNOWLEDGE.

_____

SIGNATURE DATE

_____

SIGNATURE OF AUTHORIZED REPRESENTATIVE