Holly Pedersen PhD MFT
Individual, Couple and Family Psychotherapy
www.hollypedersenMFT.com

INTAKE FORM: ADULT INDIVIDUAL

General Information:

Name: _____Birth Date:_____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Other Phone (work, home): _____

May I leave a message? _____

E-mail Address: _____

In case of emergency, contact: _____
Name

_____
Address

_____
Phone Number **Relationship**

Relationship & Family Information:

Married_____ Domestic Partnership_____ Committed relationship_____
Single_____ Separated/Divorced_____ Widowed_____

Other (describe)_____

Length of current relationship: _____

Describe the quality of this relationship:

Poor_____ Fair_____ Good_____ Excellent_____

Please list children (any age):_____

Please list members of your household: _____

_____

Mental Health Services & History

Have you received any kind of mental health services before? If yes, describe:

Type_____

Clinician/Agency_____

Dates:_____

Have you ever experienced any of the following:

Depression_____
Anxiety_____
Panic Attacks_____
Eating Disorders_____
Trauma/Abuse_____
Substance abuse/dependency_____
Domestic violence_____
Insomnia_____
Suicidal thoughts/attempts_____

General Health

Medical diagnoses or conditions: _____

Medications:_____

Describe your current physical health:
Poor_____ **Fair**_____ **Good**_____ **Excellent**_____

How many alcoholic beverages per week? _____**What kind of alcohol?**_____

Do you engage in recreational drug use?_____ **If yes, what drug(s) ?**_____

Employment/Education

Highest level of education:_____

Profession & Current employer:_____

Describe your professional life:
Unsatisfying____ **Somewhat satisfying**_____ **Satisfying**_____ **Very satisfying**___

Reasons for seeking treatment

Please describe current challenges, stressors and reason for seeking therapy:

_____

_____

_____

Please describe your goals and desired outcome for therapy:

_____

_____

_____

Who referred you/ how did you find me:

_____

Date completed: _____