Robin Friedman, LCSW. 914-363-0055 RobinFriedmanLCSW@gmail.com

INTAKE FORM

Name:

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: ______ Gender: ______Male ______Female

What brings you to seek treatment at this time?

Have you previously received any type of mental health services? Please list when and length of the treatment?

Are you currently taking any prescription medication? ______Yes ______No

Please list:

Have you ever been prescribed psychiatric medication? ______Yes ____No

Please list name of medication, dosage, and dates taken:

Have you ever been hospitalized for a psychiatric reason? ______Yes ______No

If yes, please list the reason for hospitalization, the dates and the length of stay?

GENERAL HEALTH AND MENTAL HEALTH

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

Poor Unsatisfactory Satisfactory Good Excellent

Please List any specific health problems you are currently experiencing?

Have you had any prior surgery? ______ Yes ______ No

Reason for surgery?

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

Poor Unsatisfactory Satisfactory Good Excellent

Please list any specific sleep problems you are currently experiencing?

How many times per week do you generally exercise?

What types of exercises do you usually participate in?

Please list any difficulties you experience with your appetite or eating patterns (including eating disorders):

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 do you have phobias?

____ Yes ____ No

If yes, when did you begin to experience them? (If phobias, please describe what they are related to): ____

Are you experiencing any chronic pain? _____ Yes _____ No

If yes, please describe:

How often do you drink alcohol?

When you consume alcohol how many drinks do you have?

Do you engage in recreational drug use? ______ Yes _______ No

If yes, what drugs do you use and how often?

Are you currently in a romantic relationship? _____ Yes _______ No

If yes, for how long?

How would you describe the quality of this relationship?

When problems arise in your relationship how do you resolve them?

What significant life stressors have you experienced lately?

Have you experienced any recent changes in any of the following areas?
(please circle)

Sleep Sexual Desire Eating/Appetite Weight Loss/Gain

If yes, how do you understand these changes?

FAMILY HISTORY

Where were you born? What is your ethnicity?

Father - Age Now: Age at Death: Cause: Your age then:

Mother - Age Now: Age at Death: Cause: Your age then:

Do your parents live together? _________Yes ________No

If divorced or separated, what was your age at that time? ______________

Which parent do you feel closest to?

Mother ________ Father_________ Neither___________

How would you describe your relationship with your parents?

How many siblings do you have? Where are you in the birth order?

How would you describe your relationship with them?

FAMILY MENTAL HEALTH HISTORY

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

	Please Circle	List Family Member
	Yes / No	
Alcohol/Substance Abuse	Yes / No	
Anxiety	Yes / No	
Depression	Yes / No	
Bi-Polar Disorder (I or II)	Yes / No	
Domestic Violence	Yes / No	
Eating Disorders	Yes / No	
Obesity	Yes / No	
Obsessive Compulsive Disorder	Yes / No	
Schizophrenia	Yes / No	
Suicide Attempts	Yes / No	

Do you have any history of abuse? ________Yes _______No

Please circle: Physical Sexual Emotional

Who was the perpetrator of the abuse?

Do you consider yourself to be spiritual or religious? ________Yes _______No

If yes, please describe your faith or belief?

ADDITIONAL INFORMATION

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

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

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