ERIKA DEMERS, M.A.
Licensed Marriage Family Therapist #44463
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CLIENT INTAKE AND INFORMATION

Date: ____________________ Referred by/Found on:_____________________

FULL NAME: ______________________________SS# ___________ AGE______

ADDRESS: ____

PHONE: (H) ________________ (W) ________________ (C)________________
Please circle preferred number(s) to leave messages.
DOB ______________ EMAIL: _____________________________________

OTHERS IN HOUSEHOLD

Name	Relationship	Age	DOB

MARITAL/PARTNER STATUS
Single ( ) Married ( ) Divorced ( ) Partnership ( ) Widowed ( ) Other ( )
Name of spouse/partner: ____________________ Years together? __________
Describe nature of relationship (i.e. friendly, distant, physically/emotionally abusive, loving, hostile, etc.): ____
____
____
Do you have children not in your household (list names, ages)? ____________________

EMPLOYMENT
Employer: ________________________ Type of Work: _________________________
________________________ _________________________
School: ________________________ Major: _________________________

EDUCATION: Highest level/grade of school completed _____

RELIGIOUS AFFLIATION/ SPIRITUAL ORIENTATION: __________________

PSYCHOLOGICAL HISTORY
Have you been in psychotherapy before? ____ *List all previous psychotherapy below*
Therapist Name: ________________ Dates Seen: ___________ Frequency __________
Why did you stop? ____
Therapist Name: ________________ Dates Seen: ___________ Frequency __________
Why did you stop? ____

What did you like/dislike about psychotherapy? ________________________________
____

Family history of mental illness, depression, suicide, alcoholism, abuse, etc.? _________
____
____

Any psychiatric hospitalizations? _______ When? ________ How long? _____________
Please Describe: ____

History of psychiatric medications? ____
Prior psychiatric testing or psychological diagnosis? ______ Please list: _____________
Current mental health diagnosis? ______ Explain: _________________________________
Current suicidal thoughts? _________ How Often? _____________________________
History of suicide attempts? ________ When? __________________________________

Describe your childhood briefly (parents' marriage/divorce, relationships with: parents, siblings, others, school, neighborhood, relocations, any school/behavioral problems, etc.):
____
____
____

What gives you the most joy or pleasure in your life? ____________________________
____

What are your most important hopes and/or dreams? _____________________________
____

Describe any sleeping difficulties: ____
Describe any eating concerns: ____
Describe your relationship with tobacco and caffeine: ____________________________
____

DRUG AND ALCOHOL HISTORY

Are you in recovery from substance abuse? ________ How long? ___________________
Describe your past and present relationship with drugs and alcohol: _________________
____

MEDICAL HISTORY

Physician's name _________________________ Date of last physical exam ___________
Current medical problems: ____
Past significant medical problems (i.e. surgeries, accidents, hospitalizations, illness):
____

Current medications: dose per day, for what condition, prescribed by whom?
____
Please describe overall health today:____

INSURANCE
Does your insurance cover psychotherapy?

_______________ _______________ _________ ______________________
Name of subscriber Relationship to client DOB Address of subscriber

____
Name and address of insurance company

________________________ ___________________ __________________
Policy ID number Group number Telephone number

IF CLIENT IS A MINOR

Mother's name: ____________________
Address: __________________________
____
Phone: ___________________________
SS#: _____________________________
DOB: ____________ Age: ___________

Father's name: ____________________
Address: ________________________
____
Phone: ___________________________
SS#: ____________________________
DOB: ____________ Age: __________

LEGAL STATUS
Please describe any current or anticipated involvement in litigation: _________________
____
____

AREAS OF CONCERN
Describe your reasons for seeking psychotherapy: _______________________________
____
____
____

Describe any specific goals you have with regards to treatment: ____________________
____
____
____

Describe any particular concerns/fears you have with regards to treatment: ___________
____
____
____

Is there anything else you want me to know about you? Hobbies? Interests?
____
____
____
____

Thank you!