Anne R. Imhoff, Ph.D., LLC
Licensed Psychologist

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Therapy Intake Form

Thank you for choosing me to assist with your therapeutic needs. Please answer the following questions so that I may begin to learn about you for our first appointment.

(To be completed by client)

Today's Date: _____

Name: _____

Address: _____

_____

` _____

Birthdate: _____ Age: _____

Gender: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

1. Relationship Status

☐ Single (never married) ☐ Cohabitating (living together) ☐ Significant Other

☐ First Marriage ☐ Separated ☐ Divorced

☐ Remarried (after divorce) ☐ Widowed ☐ Remarried (after spouses death)

Spouse/Partner: _____

Birthdate: _____

Address (if different): _____

_____

_____

Home Phone: _____

2. Current Work

Employer: _____ Occupation: _____

Work Phone: _____

3. Children (include biological, adopted, foster, step, etc.)

Name	Sex	Age	Type (bio, step, etc.)	Custody
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No

4. Race/Ethnicity

☐ White (European American) ☐ Native American ☐ Asian American

☐ Black (African American) ☐ Black (Other) ☐ Mexican American

☐ Other Latin or Spanish Heritage ☐ Multiracial

☐ Other: _____

5. Current Health

Are you presently under a physician's care? ☐ Yes ☐ No

If yes, what for? _____

List any current medications and amounts : _____

_____

_____

Physician Name: _____

Physician Address: _____

_____

_____

6. Reason for Your Visit

Why are you here today?

As you think about the primary reason that brings you here, how would you rate its frequency and your over-all level of concern at this point in time (note: a problem may occur rarely but be of serious concern, or occur frequently, but of little concern)?

Concern	**Frequency**
☐ Little concern	☐ Occurs rarely
☐ Moderate concern	☐ Occurs sometimes
☐ Serious concern	☐ Occurs frequently
☐ Very serious concern	☐ Occurs nearly always

7. Previous Treatment

Have you received prior counseling related to these problems? ☐ Yes ☐ No

If yes, was it ☐ Outpatient? or ☐ Inpatient?

When: _____ Where: _____

by whom _____ Length of treatment _____

Problem(s) treated: _____

Outcome of treatment:

☐ Very Successful ☐ Somewhat Successful ☐ Stayed the Same ☐ Somewhat Worse ☐ Much Worse

Are you currently taking any medications? ☐ Yes ☐ No

If yes, please list medications: _____

_____

_____

Were you referred to this agency? ☐ Yes ☐ No

If yes, by whom? _____

8. Emergency Contact

The person to contact in case of emergency.

Name: _____

Address: _____

_____

_____

Home Phone: _____ Work Phone: _____

I acknowledge and understand that I am seeing Anne Imhoff, Ph.D. as a private client.

Payment for services is due when performed. Insurance reimbursement is the responsibility of the client.

I understand that all questions concerning insurance reimbursement and financial responsibility are to be discussed with my therapist.

Signature: _____

Date: _____