Lisa Lavelle, LCSW
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Client Intake

Date _____

Name _____ Partner's Name _____

Family Member's Name _____ Relationship _____ Age _____

Family Member's Name _____ Relationship _____ Age _____

Family Member's Name _____ Relationship _____ Age _____

Address _____

_____

Phone Home _____ Best number to call _____

Work _____ Best time to call _____

Cell _____ May I leave a message? _____

May I contact you via email? _____ If yes, please provide email _____

Your age _____ Birthdate _____

Occupation _____ Employer _____

How did you find me? _____

What are you hoping to accomplish in therapy? _____

Emergency Contact Information

Name of Emergency Contact _____

Relationship to you? _____ Emergency Contact Number _____

Medical / Therapeutic History

Are you currently under your physicians' care? ☐ Yes ☐ No

If yes, please provide his/her name _____ Phone _____

What is the reason for your treatment? _____

_____

Is your treatment ongoing or chronic? _____

_____

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Are you currently under a psychiatrist's care? ☐ Yes ☐ No

If yes, please provide his/her name _____ Phone _____

What is the reason for your treatment? _____

_____

Are you taking medication prescribed by your psychiatrist currently? ☐ Yes ☐ No

If yes, please provide type and purpose _____

_____

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, please provide details _____

_____

Are you currently under a therapist's care? ☐ Yes ☐ No

If yes, please provide his/her name _____ Phone _____

How many sessions did you have if you are no longer in therapy or how many sessions do you have a week? _____

What is the reason for your treatment? _____

_____

What was the outcome of this therapy? _____

_____

Please provide additional experience with therapy below:

Therapist's name _____ Phone _____

How many sessions did you have? _____

What was the reason for your treatment? _____

_____

What was the outcome of this therapy? _____

_____

Please provide additional experience with therapy below:

Therapist's name _____ Phone _____

How many sessions did you have? _____

What was the reason for your treatment? _____

What was the outcome of this therapy? _____

_____

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Current Stressors

Even positive changes can produce emotional distress. Please select any of the following events that you may have experienced within the past six months to a year. You may provide details following the list below: which are not on the list below, or any explanations which may help me to understand your situation and concerns:

Event	How long ago?	Is there anything you would like to add to help me better understand your current concerns?
Grief		
☐ Death of a partner or spouse		
☐ Death of a parent		
☐ Death of a child		
☐ Death of a close friend		
Health & Caregiving		
☐ Change in your health, an injury or illness		
☐ Change in eating habits		
☐ Change in sleeping habits		
☐ Pregnancy		
☐ Sexual health concerns		
☐ Change in health of a family member		
☐ Change in caregiving arrangements		
☐ Change in caregiving arrangements		
Living Arrangements		
☐ Change in a living arrangements/residence		
☐ Recent move		
Significant Relationships		
☐ Change in a significant relationship		
☐ Change in a number/severity of arguments		
☐ Engaged or newly married, 2nd marriage		
☐ New blended family/stepfamily		
☐ Change in caregiving arrangements		
☐ Divorce		
☐ Marital separation		

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Event	How long ago?	Is there anything you would like to add to help me better understand your current concerns in this area?
☐ Marital reconciliation		
☐ Children leaving home		
☐ Difficulties with in-laws		
Career		
☐ Retirement		
☐ Fired or laid off		
☐ New career		
☐ Change in work responsibilities / shift		
☐ Difficulties with boss or co-workers		
☐ Change in partner's work, career		
☐ Change in your business		
☐ Difficulties with business partner		
☐ Difficulties with employees		
Financial		
☐ Change in your financial state		
☐ Mortgage or rent difficulties		
☐ Foreclosure / bankruptcy		
School		
☐ Recent graduation / looking for job		
☐ Learning disabilities		
☐ Recent change in schools		
Other Circumstances		
☐ Change in your social activities		
☐ Change in your social relationships		
☐ Incarceration		
☐ Incarceration of a family member		
☐ Legal difficulties		

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Is there anything else that you would like to share with me before beginning treatment?