

Therapy Intake Form

[Stacy Cahalan](#), *Licensed Professional Counselor, Kansas*

Name: _____

Birth date _____

Phone number _____

Email address _____

The answers to these questions will help to paint a picture of what's been going on in your world — what you're carrying, what you're hoping for, and what matters most to you. The answers to these questions also give us a starting point, so we can use our time together in the most meaningful way possible. Filling out this form will help...

- Identify what brought you here
- Clarify your goals or concerns
- Highlight patterns, stressors, or supports
- Ensure we're the right fit for working together

There are no rules in how you choose to fill out this form. Voice to text to an email, handwritten in your journal or on this form itself.

FIRST, YOUR FUTURE

Take a moment to imagine your life 10 years from now — if everything goes right, what does your dream life look like?

- If applicable, what are you doing for work?
- Where do you live? What's your home life like?
- What kind of education or training might you have?
- What relationships feel healthy and meaningful?
- How do you feel — mentally, physically, emotionally, spiritually?
- What's one thing you're currently working on — or would like to work on — to improve your life?

- What are two things you love to do in your free time that bring you joy?

A LITTLE ABOUT YOUR PAST

- In a couple of sentences, can you describe your childhood?
- In a couple of sentences, can you describe what you were like around 7-10 years old? Please use as many details as you can!
- What is your most favorite childhood memory?

WORRIES + WHY YOU'RE HERE

- What are two things you find yourself worrying about most often?
- What's the main reason you're seeking counseling right now?

HERE & NOW

On a scale of 0–10, how much are the following areas bothering you?
(0 = not at all, 10 = major concern)

<i>Concern</i>	<i>Rating</i>
<i>Sadness</i>	
<i>Worry</i>	
<i>Parents</i>	
<i>Siblings</i>	
<i>Friends</i>	
<i>Sex</i>	
<i>School/grades</i>	
<i>Drug/alcohol use</i>	
<i>Legal issues</i>	
<i>Anger management</i>	
<i>Suicidal thoughts</i>	
<i>Eating struggles</i>	

YOUR SUPPORT SYSTEM

- In a few short sentences, how would you describe your home life? (Use your own words — messy, loving, confusing, calm, chaotic... whatever fits.)
- Who are your biggest supporters or cheerleaders? (Friends, family, mentors, pets — anyone who's truly in your corner.)

BEST DAY / WORST DAY

- Now imagine your best day ever. Where are you? Who are you with? What are you doing? What's for lunch?
- And your worst day — what does that look like? Be as honest as you can. No filters here.

IF A STUDENT

- Where do you go to school?
- What grade are you in?
- Are your grades better, worse, or about the same as usual?

SYMPTOMS + FEELINGS CHECK-IN

Check any that apply to you right now.

BODY

- ☐ Headaches
- ☐ Restlessness
- ☐ Dizziness
- ☐ Pain
- ☐ Excessive anger
- ☐ Excess energy

THOUGHTS & FEELINGS

- ☐ Racing thoughts
- ☐ Feeling irritable
- ☐ Feeling "wired" or on edge
- ☐ Grandiose thoughts (feeling overly powerful or invincible)
- ☐ Confusion
- ☐ Cravings for alcohol or drugs
- ☐ Trouble enjoying things
- ☐ Feeling worthless or hopeless
- ☐ Feeling isolated
- ☐ Crying frequently
- ☐ Frequent anxiety or worry
- ☐ Panic attacks
- ☐ Suicidal thoughts or plans
- ☐ Past suicide attempt

BEHAVIORS

- ☐ Trouble concentrating
- ☐ Excessive spending
- ☐ Doing things over and over (repetitive behaviors)
- ☐ Impulsiveness

ABUSE HISTORY

- ☐ Sexual abuse
- ☐ Physical abuse
- ☐ Emotional/verbal abuse

FAMILY

- ☐ Divorce
- ☐ Conflict with parents
- ☐ Conflict with siblings
- ☐ Custody changes

FOOD & BODY

- ☐ Trouble eating
- ☐ Trouble keeping food down
- ☐ Gaining or losing weight unexpectedly
- ☐ Loss of appetite

SLEEP & ENERGY

- ☐ Feeling tired all the time
- ☐ Trouble falling asleep
- ☐ Waking up a lot during the night
- ☐ Nightmares
- ☐ Not getting enough sleep
- ☐ Feeling like you need less sleep than usual