Therapy Intake Form

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Name: _____

Birth date _____

Phone number _____

Email address _____

First things first. I am glad you got this far!

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

A little warning – this isn't your average intake form because I hope this therapy experience doesn't feel average. I want this experience to wake something up inside of you. **Think of these questions as a kind of mini-memoir.**

How this works

From each of the chapters below, please select 3-4 questions to answer that speak most to you. Get our paper and a pen. Or a notes file. Write, type or do voice to text. I am not picky. **There are several REQUIRED questions to answer on pages 4-6.**

Chapter 1: Today (select 3-4 questions to answer)

1. If your life right now were a chapter in a book, what would you title it?
2. Give me the two-minute version of what brought you here.
3. Why therapy, and why now?
4. What feels heavier or harder than it should?
5. What are you hoping will be different because you came to therapy?

Chapter 2: The Hard Stuff (select 3-4 questions to answer)

1. What three things are taking up too much space in your head or heart?
2. When life gets hard, what do you tend to do? (Overthink, avoid, shut down, get busy, try to control, etc.)
3. What have you tried to make things better? What's helped, and what hasn't?
4. What has this struggle cost you?
5. What are you avoiding that you suspect you need to face?

Chapter 3: The Story of You (select 3-4 questions to answer)

1. Complete this sentence: "I'm the kind of person who..."
2. Growing up, what was home like? What did you learn about love, belonging, emotions, or success?
3. Who or what has most influenced the person you've become?
4. What's a story you've told yourself for years that you might be ready to question?
5. What do the people who love you see in you that you sometimes struggle to see?
6. Tell me about a time you surprised yourself with your own strength, courage, or resilience.

Chapter 4: What really matters (select 3-4 questions to answer)

1. When do you feel most like yourself?
2. What matters enough to you that you're willing to do hard things for it?
3. What kind of person do you want to be in your relationships and in the world?
4. What brings you joy, energy, or a sense of purpose?
5. If someone watched how you spent your time, would they know what matters most to you?
6. What gives you a reason to keep going when life gets difficult?

Chapter 5: Your People & Your World (select 3-4 questions to answer)

1. Who are your people? Who really knows you?
2. How would you describe your relationships with family, friends, or significant others?
3. Who do you turn to when life gets hard?
4. Where in your life do you feel most connected? Where do you feel alone?
5. What do you wish the people closest to you understood about you?

Chapter 6: The Life You Want to Live (select 3-4 questions to answer)

1. Where are you, who is around, and how are you spending your day?
2. How do you feel about yourself and the life you're living?
3. What are you no longer carrying, worrying about, or trying to prove?
4. What's something you'd like to do more often?
5. What might life be asking of you right now?
6. If therapy works, how will you know?

Chapter 7: Random Goodness (select 3-4 questions to answer)

1. What are you ridiculously good at doing?
2. What makes you laugh every single time?
3. What do you do when you need to feel like yourself again?
4. What's something you're pretending doesn't bother you?
5. What's something you already know you need to do but haven't done?
6. What are you hoping I'll ask you about?
7. What should I know about you that no intake form would ever think to ask?

ALL OF THE QUESTIONS IN THIS SECTION ARE REQUIRED

Very Important & Practical Things

1. Tell me about your previous therapy experiences in a few sentences.
2. Tell me about past or current mental health diagnoses.
3. What are your current medications and significant medical concerns?
4. Tell me about your sleep and appetite.
5. Tell me about your alcohol, cannabis, nicotine, or other substance use
6. Do you have any behaviors or habits that feel difficult to control?
7. Faith or spirituality: Is it important to you, and would you like it incorporated into therapy?

Check anything that's been taking up more space than you'd like lately:

☐ Worry / anxiety
☐ Sadness / depression
☐ Anger / irritability
☐ Grief
☐ Shame / guilt
☐ Loneliness
☐ Perfectionism
☐ Relationships
☐ Family
☐ Work / school
☐ Motivation
☐ Attention / focus
☐ Intrusive or unwanted thoughts
☐ Food / body image
☐ Alcohol / substances
☐ Trauma / difficult memories
☐ Sleep
☐ Self-esteem
☐ Feeling stuck or without direction
☐ Something else: _____

When life gets hard, what does your brain tend to do? Check anything that sounds familiar.

☐ Overthink everything
☐ Avoid
☐ Shut down
☐ Stay ridiculously busy
☐ Try to control everything
☐ Get angry
☐ Please everyone
☐ Isolate
☐ Numb out
☐ Scroll / distract myself
☐ Eat more or less
☐ Drink / use substances
☐ Pretend everything is fine
☐ Other: _____

Please check in with yourself right now. *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