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Intake Form

CONTACT INFORMATION_____Session **Date :** _____/_____/_____

Name: _____

Mailing Address: _____

City:_____ State:_____ Zip:_____

Which is best to contact you by – are confidential messages OK? Don't fill in the below if you prefer I not use it ~ Please DO update me on any contact info., *as it changes*!

Phone#: _____ **E-mail:** _____

Cell#: _____ Work#: _____

Age: _____ DoB: _____/_____/_____ Race: _____ Gender: __M__ __F__

Partner/Spouse Name: _____

In Case of Emergency, Partner info. (w): _____ (c): _____

Other Contact Person Name/Relationship: _____

In case of Emergency – Other (w): _____ (c): _____

Home Phone: (w): _____ (h): _____(c): _____

in home: _____; Describe relationship dynamics, names: parent-guardian/children, others?, pet/s:

_____

_____

If Student: Year _____ Major/focus: _____ Current GPA: _____

Work status/Profession: _____title:_____

Military Service: Active Reservist None

Retired Guard Other _____

(may I thank the person/agency for the referral?) ___Y ___N

How did you find me? _____ Referred, by? _____

Check all services that apply to your needs:

_____ Stress & lifestyle management skill-building /Meditation
_____ Relationship issues/healthy boundaries/EMDR
_____ Personal/spiritual issues
_____ Reiki/Energy-medicine Work
_____ Other _____

– Best time for sessions?
AM
PM

– Time zone? EST, MST
CST PST

Please list your reasons for being here now – current life issues...

_____
_____
_____
_____

List any relevant previous treatment methods used – assess their effectiveness/your response/s:

_____
_____
_____
_____

_____

Also, take your time and as much space as you need with writing the following:

Write a <u>timeline of your life</u>; describe powerful moments (+ or – in your history). Begin with earliest events (pre-memory/stories, & pre-verbal, even in-utero), in the past: Include key participant responses (relevant close family, friends & personal), include any other factors that have been pivotal. Consider family and social relational, academic, professional/Abuses, injuries, losses, successes, paranormal experiences, powerful dreams, etc.

*	*
*	*
*	*
*	*
*	*
*	*
*	*
*	*
*	*

List past personal/professional **accomplishments** – and list **current goals** or dreams ... *(is there something you've thought about doing, but don't do, or not as much as you'd like)?*

<u>Accomplishments</u>	<u>Goals</u>
1.	1.
2.	2.
3.	3.
4.	4.
*	

What are your fears, and what blocks you *(describe what or who supports you or not)?*

What are your values, what matters most to you? *How do you want your life to feel now?*

How are your organizational/communication skills, Impacting financial/romance/other life issues?

List what feeds your heart, what gives you joy – *and*, how you take care of body/mind/spirit, what do you do to deal with stress (and is it working)?

Where do you see yourself in 5 years?

...In 10 years??

Check all of the following that apply:

Suicidal Thoughts
___feelings of hopelessness
___suicide attempt (past/current)
___suicidal/homicidal thoughts (past/current)
___recurrent thoughts of death
___family/other history of suicide

Depression/Mania
___feeling sad/alone
___loss of interest/pleasure in most activities
___poor grooming
___change of weight (more than 5%)
___fatigue or loss of energy
___feelings of worthlessness
___inappropriate or excessive guilt
___inflated self-esteem
___decreased need for sleep
___more talkative than usual
___flight of ideas/distractibility
___excessive activity (work, social, spending, sexual)

Substance Use
___drinking too much
___taking too many drugs

Mood
___argue a lot
___anger, lose temper easily
___uptight, can't relax
___easily irritated
___grief/any loss
___crying a lot/extreme mood swings
___emotional overreaction
___change in personality

Anxiety
___intense fear or discomfort
___rapid heartbeats/chest pain
___feeling of choking/dizzy/lightheaded
___feelings of unreality
___detached from self
___fear of losing control/dying?
___worry about panic attacks
___avoiding places/situations
___obsessive thoughts
___repetitive behaviors-used to reduce stress?
___distressing recall of traumatic event/s
___can't control worry

Relationship Issues
___difficulty making friends
___difficult relationships with others
___chooses solitary activities
___family issues/conflict
___spiritual issues/conflict

Do you:

Drive w/out a Seatbelt	____Y	____N
Drive Drunk	____Y	____N
Race	____Y	____N
Carry weapon/s	____Y	____N
Own a gun/weapon	____Y	____N

Other:_____
_____
_____

Personality Traits
___disturbing/violent thoughts
___deceitfulness
___aggression towards self or others
___destroying things
___feeling indifferent or disagreeable
___unstable self-image
___self-mutilation
___chronic feelings of emptiness
___paranoid behavior
___sexually seductive
___overly dramatic
___constant need for approval
___must be center of attention
___feeling entitled/superior
___envious of others
___fear of rejection
___afraid of social situations
___difficulty making decisions
___problems being assertive
___sexual promiscuity

Cognition and Communication
___racing thoughts
___obsessions
___slowness of thinking
___unusual thoughts
___intrusive memories or "flashbacks"
___problems with reading
___problems with memory
___decreased clarity of thought
___difficulty organizing
___difficulty meeting deadlines

Somatic Symptoms
___extreme exhaustion
___sleep problems
___sleeping too much
___not sleeping enough
___nightmares/sleepwalking
___increase in appetite
___loss of appetite
___stomach aches/nausea
___constipation/diarrhea
___self-starvation
___binging/purging
___bed wetting
___pain
___loss of sexual desire
___inability to have sex
___impaired sexual functioning

Describe any other significant issues:

_____
_____
_____
_____
_____
_____
_____

Completing the following questions as fully as possible will allow for the development of a plan best suited to your specific needs.

PSYCHOLOGICAL/MEDICAL HISTORY

Circle any service/s sought re: addiction/s/mood/eating/immune system issues/Other (specify):

_____

If yes to any of the above, please indicate:

Practitioner, if accessed Name/Degree	Nature of Problem	City & Date Contacted	Frequency # of Visits	Length of Treatment

What was treatment outcome? _____

May we coordinate services with him/her? ____yes ____no

Please list any current medical concerns, (injuries, illnesses, surgeries, other disabilities, prior diagnosis of physical limitations/impairments, prior abnormal test results, etc.)

_____

_____

Please list current medications/nutritional/vitamin/herbal supplements currently taken:

Type	Dosage/frequency taken	Taken for how Long?	*adverse reaction (If any)

_____ Use separate sheet if needed)

SUBSTANCE USE

Please indicate non-prescribed substances you have used.

	Last used	Amount used?	Frequency – p/day, week, etc.
Alcohol			
Caffeine/coffee/soda			
Cigarettes			
Prescription (Rx) med's			
Tranquilizers			
Marijuana			
Amphetamines			
Cocaine			
Other: _____			

LEGAL HISTORY

Are there any relevant legal problems at this time? If so, describe below:

_____

DEVELOPMENTAL HISTORY

Describe the type of discipline you experienced as a child: _____

_____

Parents Divorced? __Y __N ...if yes, your age was: ___ Are you adopted? __Y __N ...if yes, your age was: ___

Did you have any difficulties in childhood relevant to your concerns? If so, describe:

_____

_____

_____

FAMILY/Significant Relationships – if over two siblings, list same sex on one line… i.e., bro's -

List immediate family members:
Relationship/Name/Age/M/F Student year/Occupation Health status/deceased

_____
_____
_____
_____

Describe your self, strengths & weaknesses:

_____
_____

Describe your parents/current family:

_____
_____

Describe any recent changes in yourself and/or in your relationships with friends/family:

_____

Check your partner relationship status: Married/Committed Single Divorced
Living Together Separated Widowed
Other: _____Length (now or past): _____
Describe current (or past) partner relationship: _____
_____
Are you sexually active? ____yes ____no; do you practice safe sex? ____yes ____no
Describe any sexual/partner issues or concerns, and/or any fears or concerns about safety:

_____

EDUCATION /WORK HISTORY

Circle current status: unemployed/employed
Last or current Position: _____How long: _____
Describe recent education/type of jobs/s held_____
Name of Assistant (if Applicable) _____

SPIRITUALITY/RELIGION

Describe any religious/spiritual practice, and/or attendance at Church/ Synagogue/ Temple/ Mosque/other:

_____
What role does spirituality play in your life?

_____

INTERESTS/ACTIVITIES

List below your favorite recreational activities/Hobbies/Special talents or skills:

_____
Organizations/Groups to which you belong:

_____
Please feel free to add any other information, concerns or thoughts:

Most people report significant progress on their goals from working with a coach/counselor, however there are no guarantees on outcomes. Nevertheless, each party agrees to indemnify, defend, and hold harmless the other party and its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever including but not limited to, bodily injury, death, personal injury, financial or business losses, or property damage arising from such party's performance or failure to perform in obligations.

*All phone session/s fees are pre-paid via check or online payment (see link on website). Once payment is confirmed sessions can be scheduled.
*For In-office sessions, payment is made prior to session if paying online – ***or pay cash/check at the time of the session***. I can provide an invoice for insurance reimbursement purposes. ***A sliding scale may have been made by prior arrangement – please note any changes and initial below.***

Fees: ***Missed appointments require 24 hours notice.*** Please notify me A.S.A.P. if you cannot attend .
Individual Intake session = $225.00; Follow-up sessions, ***after intake*** = $100-$150.00 per 1-hour session; ***extra time*** (per 1/2 hour) = $50.00

I agree I'm responsible for my actions and by signing, agree to these terms. I will give a minimum 24 hours notice if I need to re-schedule. I give Ellen permission to share my story without sharing my identity (except by prior arrangement).

_____ _____/_____/_____
Client Signature **Date**