



Cathy Rupnow

Psychotherapist M.A. LMFT

Intake Form

Name _____

Date _____

Address _____

Age _____

Birthdate _____

OK to leave messages: Y N

Home Phone _____ Y N Employment _____

Cell Phone _____ Y N Education _____

Work Phone _____ Y N

Psychological History

Therapy Experience: Current _____

Past _____

Mental Health Hospitalizations (year and diagnosis) _____

Psychological Diagnosis: Current _____

Past _____

Medications: Current _____

Past _____

Sexual Abuse: Current _____

Past _____

Suicidal Ideation: Current _____

Past _____

Physical or Verbal/Emotional Abuse: Current _____

Past _____

Drug and Alcohol Abuse History: Current _____

Past _____

Social History

Marital History _____

Significant Relationship History _____

Significant Trauma/Issues from Childhood _____

Medical History

Physical Conditions: Current _____
Past _____

Family History

Relationship - indicate if alive or deceased Age Mental Health/ Significant Issues Current status of relationship (1-10, 10 being ideal)

Father			
Stepfather			
Mother			
Stepmother			
Siblings			
Children			

Please check the symptoms below which you have experienced within the last THREE months; put a double check mark if you have experienced the symptom **WITHIN THE LAST WEEK.**

Tension

Anxiety

Feeling restless or jittery

Panicky feelings

Excessive worrying

Feeling numb

Feeling dissociated

Feelling unreal

Difficulty concentrating

Irritalbiity

Agitation

Mind going blank

Nightmares

Flashbacks

Avoid situations reminiscent of trauma

Intrusive thoughts or images

Hypervigilance

Excessive anger or rage

Sleep difficulties

Change in appetite

Depressed mood

always more than 1/2 the time

less than 1/2 the time rarely

Lack of interest in activities

Fatigue

Crying more than usual

Mood swings

Obsessive thoughts

Compulsions

Withdrawal

Low self-image

Feelings of worthlessness

Feelings of hopelessness

Excessive fear(s)

Phobia(s)

Excessive guilt

Symptoms for which you would like help in therapy:

Therapeutic Goals:

Additional Comments: