

CLIENT INFORMATION INTAKE FORM

Date _____

Name: _____

Address: _____

Phone: Home# _____ Work# _____

Cell# _____ E-mail _____

PREFERRED METHOD OF COMMUNICATION: Cell Home Work Email

Birth date: _____

Friend/Relative to contact in case of emergency:

Name: _____

Phone: Home# _____ Work# _____

Cell# _____

CURRENT FUNCTIONING

What prompted you to seek therapy with us at this time?

Do you have any recent lifestyle changes (change in work, relationship, living conditions, etc.)?

Kristine Martin, LPCC, LCC
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Do you have any recent injuries or body traumas?

Do you have any chronic physical conditions or discomfort?

Are you feeling depressed or anxious? _____

If yes, what are the signs (for example, changes in sleeping, eating, or level of engagement)?

If you are feeling depressed or anxious, how long have you felt this way?

Are you currently using alcohol, drugs, tobacco, food, work, sex or money in an addictive way?

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What are your current patterns of use with anything you use to help with your mood?

If you had addictive use in the past, when was that? _____

If yes, have you addressed this in treatment, therapy or support groups? _____

If yes, when? _____

Have you ever been suicidal, and if so, when? _____

Have you ever attempted suicide? _____

Are you now, or have you ever been, engaged in self-injurious behavior, if yes, please describe?

Are you engaged in any relationships you experience as abusive? How are these relationships abusive?

Are you currently taking any medication? _____

If so, who prescribed it, and for what condition?

Does it have any side effects you are aware of? Is anyone monitoring your medication?

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LIFESTYLE

Please list all the members of your current household, their birthdates, and relationship to you. Include whether children are in your home full-time or part-time.

Describe your family in general -- cultural/economic background, and where you lived:

How do you feel about your current living situation?

How do you feel about your support system overall? _____

Who do you confide in, or rely on? _____

What is your current work? _____

How do you feel about your work life?

What other parts of your life are currently active (creativity, spirituality, community service, recreation)?

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What aspects of your family life do you find yourself playing out now (both those that enhance your life, and those that are problematic):

Have you had any significant traumas while growing up, or as an adult (assaults, accidents, untimely deaths, etc.)?

Please list any significant prior relationships, including marriages, and dates:

Which emotions do you feel relatively easily? _____

Which emotions are more difficult for you to access or express? _____

Are you satisfied with your current sexual expression? _____

Are there aspects of your sexuality which you want to heal or explore in therapy?

Have you ever been or felt abused (physically, sexually, emotionally, spiritually)?

_____ If yes, when were you or did you feel abused, and by whom?

Have you witnessed the abuse of others? _____

Have you initiated or participated in abusing another? _____

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Do you exercise regularly? _____

If yes, what kind of exercise do you do? _____

How is your diet? _____

How much caffeine do you drink? _____

What forms of psychotherapy and bodywork have you explored?

Psychotherapy (Type/duration Issues Addressed):

Bodywork (Type/duration Issues Addressed):

Have you had any negative experiences in therapy?

Have you ended any therapeutic relationships without a clear sense of closure?

GOALS

What are your dreams or goals for 5 or 10 years?

What do you want to accomplish in our work together, anything else you'd like me to know?

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