



TPC
Integrative Psychotherapy
& Pastoral Counseling

Client ID: _____

CONFIDENTIAL INTAKE FORM

Please fill out this information form as carefully and as thoroughly as possible. This information will be confidentially used by your therapist.

GENERAL INFORMATION:

NAME _____

AGE & DOB _____

Name of Parent(s)/Guardian(s) if under 18: _____

EDUCATIONAL INFORMATION:

Highest level of schooling completed: High School College Graduate
 Professional training Currently a student, grade: _____ Other: _____

OCCUPATIONAL INFORMATION:

Employment status: Full-time Part-time Unemployed Retired
 Receive Disability Other: _____

Place of employment: _____ Length of Employment: _____

FAMILY INFORMATION

Relationship Status: Single Engaged Married Separated Divorced
 Widow(er) Committed Partnership Date of Same: _____

Name of Spouse/Partner: _____

Previous Marriage(s): State length of the previous marriage(s) and if they ended by divorce or death and when:

Parents: *Mother*: Living (age _____) Deceased (date _____)

Father: Living (age _____) Deceased (date _____)

Siblings: Number of *Brothers* [_____] Number of *Sisters* [_____] Only Child

List ages of *Brothers* _____ of *Sisters* _____

Children: Please list Name(s), Age(s), Sex, By Present Marriage (P), Former Marriage (F), Adopted (A) and whether they live at home. _____

Others who live with you: _____

HEALTH:

Name, Address & Phone Number of current Primary Care Physician (PCP): _____

Would you like coordinated treatment planning with provider? Yes No *Release Required

List any health issues/ illness(s)/ disabilities/ allergies: _____

Current Medications:

<i>Medication Name</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Start Date</i>	<i>Prescribing Physician</i>

Have you ever received psychotherapy, counseling or other treatment for personal and/or marital problems? _____ When? _____

IMPORTANT QUESTIONS FOR YOU AND YOUR THERAPIST

Please described your reasons for seeking help & how do you think therapy could be helpful?

How long have you been aware of this problem? _____

Who else knows about your problem(s)? _____