



INTAKE FORM

Date: _____

Name: _____ Age: ____ DOB: _____

Phone #: _____ E-mail: _____

Street Address: _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Marital Status: Married Separated Divorced Single Domestic Partnership

Are you interested in: Yoga Therapy Mindfulness Coaching Only Counseling

What are you seeking counseling for at this time?

Mental Health History

Have you seen a mental health practitioner before?

List any previous mental health diagnosis:

Have you ever been hospitalized for a mental health issue? Y / N

Do you have a history of depression, suicidal ideation or suicide attempt?

Does anyone in your immediate family have a history of depression, suicidal ideation or suicide attempt?

Is there a trauma or loss you've experienced that you would like me to know about today?

Medical History

Do you have a medical diagnosis / or ongoing physical health concerns?

Have you ever been hospitalized for a non-mental health issue?

Current medications & dosages:

On a scale of 1-10, 10 being perfectly consistent, how consistent are you with taking your prescribed medication?

Are your medications working for you?

Have you noticed any side effects that interfere with your daily life and / or sense of well-being?

Spiritual History

Do you have dreams / or nightmares that you would like to bring into your healing journey?

What is your spiritual or religious background?

Do you have any current spiritual practices that nourish and resource you?

Social & Family History

Did you experience any developmental, academic, or social challenges?

Who was (were) your primary caregiver(s)?

How many siblings did you grow up with?

Do you know anything about your birth?

Do you have any concerns regarding your sexuality / or your relationship(s) with your partner(s)

Do you have children?

What is your occupation?

Are you content with your current occupation and / or work environment?

Are you satisfied with your work-life balance?