Safe Space
for Family Healing
INDIVIDUAL, FAMILY AND GROUP THERAPY

Intake Form

Patient Name:	**Preferred Pronouns:**
Street Address:	**Date of Birth:**
City, State, Zip Code:	**Home Phone:**
Gender:	**Work Phone:**
Email Address:	**Mobile Phone:**
Primary Physician:	**Psychiatrist (if any):**
Emergency Contact Person:	**Emergency Contact Phone:**
How did you hear about us?	**Marital Status:**

Responsible Party is the person who will be paying the per-session fee for services (leave blank if same as patient)

Responsible Party:	**Home Phone:**
Street Address:	**Work Phone:**
City, State, Zip Code:	**Mobile Phone:**
Relationship to Patient:	**Responsible Party DOB:**

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For Clients Under Age 18

Parent or Legal Guardian Names (must list all legal guardians)

_____

School Name: _____

Grade: _____

Any prior schools in the past 2 years (circle yes/no)

If yes, number of schools in the past 2 years: _____

Current Mental Health Concerns: Circle number for all that apply

1. **Sadness**
2. **Worry**
3. **Anger**
4. **School Challenges**
5. **Behavior Challenges**
6. **Relationship Challenges**
7. **Workplace Challenges**
8. **Substance Abuse (current or past)**
9. **Sleep Challenges**
10. **Eating Challenges (purging, overeating or undereating)**
11. **Stress**
12. **Trauma (past abuse, neglect, assault, witnessing violence, etc.)**
13. **Grief**
14. **Cutting/ Scratching/ Self Harm or Risk Behaviors**
15. **Suicidal Ideation: Do you or have you ever felt like dying or no longer living? (circle yes/no)**
16. **Homicidal Ideation: Do you currently, or have you planned to harm or kill someone else? (circle yes/no)**

Please note that the presence of current homicidal or suicidal ideation and plan indicate that we must make further assessments and possibly report to appropriate agencies to maintain your safety and/ or that of others.

Please briefly describe your primary reason for seeking therapy or counseling at this time: _____

_____

_____

Have you participated in therapy (group, family or individual) or counseling in the past (circle yes/no)