

Welcome! We are entering into an exploration of your life and history. This questionnaire will help me to understand who you are and what factors contribute to your desire to enter this contract for change, growth and development.

Please complete it as fully as possible. If there are questions you feel uncomfortable answering in this format, make a note of them and we can discuss your thoughts in person (leave these blank). If you have further questions or thoughts, you can include them on a separate sheet.

The Integrated Self  
Professional Counseling and Massage  
Jacinda Phillips CET, LMT OR Lic#7201

**CLIENT INTAKE FORM**

Today's Date:

Name:

Date of Birth:

Preferred Pronoun:

Address:

Day Phone Number:

Evening Phone Number:

Cell Phone:

Texting ok?

Email:

Emergency Contact (name and ph#):

Relationship to you:

Significant other:

How long been together?

Marital Status:

If married, for how long:

If divorced/separated, how long ago?

Children? (if yes, include ages)

Note those living with you:

Deceased Child(ren):

Occupation:

Employed By:

Referred to me by:

Main reasons you are here today:

Are you currently under the care of physician and/or psychotherapist? (If yes, please list with whom and date of last session):

Please list any current medications:

Please list any hospitalizations for psychological problems:

Have you ever considered suicide or attempted suicide? If yes, when?

Are you currently experiencing a life crisis? If so, please describe:

Rate your general health and list any complaints:

Have you had any serious medical conditions requiring treatment including hospitalization, surgery, and/or accidents? If yes, please elaborate:

Do you currently have a physical disability or chronic condition? If yes, please list:

Are you in physical pain? If yes, please describe:

**HEALTH HABITS**

How often and how do you exercise?

Tobacco use? If yes, for how long and frequency?

Caffeine? If yes, how much per day?

Special Diet? If yes, please describe:

Alcohol use? If yes, please list quantity and frequency

Nonprescription/prescription drug use?

Recreational drug use?

If you currently or have ever had struggles with any of the above, please describe:

Have you sought treatment or alcohol/drug or food-related issues?

Have you suffered from sexual or physical abuse? If yes, please describe:

What do you know about your birth? Caesarian? Traumatic? Mother smoked or used drugs or alcohol abuse? Natural?

Do you have siblings? If so, please list birth order, gender, and ages:

**FAMILY HISTORY**

Please list family history of the following: (Be sure to note their member status for e.g. paternal Grandmother)

Illnesses and/or hospitalizations:

Physical/sexual abuse:

Psychiatric illness/treatment/hospitalizations:

Suicide:

Substance abuse:

Criminal activity or imprisonment:

Please list your nuclear family members (parents, step-parents, siblings, and important others), and if they are living, age, health status, if you are in contact with them.

If deceased, please note the cause of death, year and at what age

Any additional information in your family background that you feel is important to share?

**RELIGION AND SPIRITUALITY**

What was your family's religious orientation when growing up?

What is their religious/spiritual activity now?

What is your history of religious orientation?

Do you have any current affiliation with a religious organization?

What is your spiritual orientation and ongoing spiritual practice?

How do you center yourself?

Do you meditate? Pray? If so, how often?

Are you aware of your mask self or lower self? Please describe:

Are you connected to your higher self? God? Goddess? Please describe:

What do you do for fun/entertainment?

Describe anything additional you would like me to know about you and your path: