

Lu Moss Nelson, Ph.D.

Client Intake

*Please provide the following information listed below and bring it to your first session.
Information you provide on this form is protected as confidential information.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:

Home _____ Leave Message? yes ___ no ___

Cell _____ Leave Message? yes ___ no ___

Other _____ Leave Message? yes ___ no ___

E-mail _____ E-mail contact? yes ___ no ___

**Please note that e-mail correspondence is not considered to be a confidential medium of communication.*

Birth Date: ____/____/____ Age: ____ Gender: Male ___ Female ___

Marital Status:

Married ___ Separated ___ Divorced ___ Widowed ___ Never Married ___ Partnership ___

Emergency Contact: *(Someone I have permission to contact in case of emergency)*

Children:

Please list: Name _____ Age _____ Birthdate _____

Presenting Problem: *(Why are you presently seeking counseling?)*

General Health and Mental Health Information

1. Have you previously received any type of mental health services? (psychotherapy, psychiatric services)

Previous therapist? _____

When? _____

2. If you are currently taking any prescription medications, please list them below:

3. Do you have any current physical health issues? Please explain:

4. Do you have trouble sleeping or eating or getting the right amount of exercise? Please explain:

5. Are you feeling overwhelmed by sadness or grief or general depression and how long have you been feeling this way?

6. Do you ever have panic attacks, anxiety or phobias? When did this start and how long do these feelings last?

7. Do you drink alcohol? yes ___ no ___ Frequency? _____

8. If you are currently in a relationship, is it satisfactory? Any recurrent issues?

9. If there is any history of mental illness in your family please describe and explain what family member (or members) it affected.

Additional Information

1. Are you currently employed? Where? How long? Salary? Job satisfaction?

2. Do you consider yourself to be spiritual or religious? If so, please describe your faith or belief.

3. What do you consider to be some of your strengths?

4. What do you consider some of your weaknesses?

5. What would you like to accomplish with your time in therapy?
