Common Therapy Intake Form Template

1. Client Information

- Full Name:
- Date of Birth:
- Age:
- Gender:
- Pronouns:
- Address:
- Phone Number:
- Email:
- Emergency Contact (Name & Relationship):
- Emergency Contact Phone:

2. Appointment & Referral Details

- Reason for Today's Appointment:
- Referred By (Self / Doctor / Friend / Other):
- If referred, name & contact:
- Preferred Appointment Mode (In-person / Video / Phone):

3. Presenting Concerns

Please describe the main issues or symptoms you are currently experiencing:

- Primary concern:
- Onset (When did this start?):
- Frequency & duration:
- Severity (Mild / Moderate / Severe):
- What makes it better or worse?
- Are there any recent life events contributing to this concern?

4. Mental Health History

- Have you attended therapy before? (Yes/No)
  If yes, when and for what reason?
- Previous diagnoses (if any):
- Past hospitalizations (mental health-related):
- Current stressors (work, family, finances, health, etc.):

5. Medical History

- Current medical conditions:
- Past major illnesses or surgeries:
- Current medications (dose + purpose):
- Sleep patterns (hrs/night + issues):
- Appetite changes:
- Chronic pain or physical limitations:

6. Substance Use

- Alcohol use (frequency & quantity):
- Tobacco use:
- Recreational drugs (type + frequency):
- Prescription misuse:
- Caffeine intake:

7. Family & Social Background

- Relationship status:
- Household members:
- Family mental health history:
- Social support system (friends, caregivers, community):
- Cultural or religious considerations you'd like your therapist to know:

8. Risk Assessment

- Any current thoughts of self-harm or suicide? (Yes/No)
- Any past attempts?
- Thoughts of harming others?
- Access to weapons:
- Safety concerns at home or work:

9. Goals for Therapy

- What do you hope to achieve through therapy?
- Immediate goals (short-term):
- Long-term goals:
- Preferred therapy approach (if any):

10. Consent & Policies

- Informed consent for treatment
- Privacy & confidentiality acknowledgment
- Telehealth consent (if applicable)
- Payment & cancellation policy acknowledgment

Client signature:
Date: