



**PATIENT INTAKE FORM**

Date: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status/living together: \_\_\_\_\_ Years together: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Previous Marriages: \_\_\_\_\_

How did you hear about my practice? Friend \_\_\_\_\_ Church \_\_\_\_\_ Family \_\_\_\_\_ Website \_\_\_\_\_

**Mental Health Insurance:**

Private Insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_ EAP: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Emergency contact/Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Support system: \_\_\_\_\_

**BACKGROUND INFORMATION QUESTIONNAIRE**

Why are you seeking mental health treatment at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from our therapy session? Treatment Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom do you live/How long? in current living situation?: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

What is your current level of education:

Less than high school \_\_\_\_\_ Completed high school \_\_\_\_\_ Bach \_\_\_\_\_ Master \_\_\_\_\_ PHD \_\_\_\_\_

School(s) attended (Grade, Middle, High, Technical/Vocational, and College):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you do well in school?

\_\_\_\_\_  
\_\_\_\_\_

Have you been in special education? If yes, who and where? IEP, etc

\_\_\_\_\_  
\_\_\_\_\_

**JOB HISTORY:**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Any current issues at work: \_\_\_\_\_

Past employment: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL STATUS:**

Please indicate any additional past or present medical concerns:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for medical complications? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current health status: \_\_\_\_\_

On average, how many hours at night do you sleep? \_\_\_\_\_

Name of primary doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Last physical exam: \_\_\_\_\_

Current medications: \_\_\_\_\_

Please indicate any us of: Tobacco/Cigarettes \_\_\_\_\_ Alcohol \_\_\_\_\_ Nonprescription Drugs \_\_\_\_\_ Family members with substance abuse problems \_\_\_\_\_

Please check any prior illnesses and approximate age experienced:

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

**MENTAL HEALTH STATUS**

Have you ever been hospitalized for mental health issues? \_\_\_\_\_

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever attended counseling/psychotherapy? If so, why did you attend, with whom, how long did you attend and what type of diagnosis did you obtain?

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Have you ever participated in a psychological or psychiatric examination? If so, why was this done?

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Where you prescribed with any psychotropic medication? Which one? how many mg?

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Are you now experiencing or have you ever experienced:  
-Suicidal thoughts, behaviors, or attempted suicide? If so, please provide details:

Past: \_\_\_\_\_

Present: \_\_\_\_\_

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Any plans:

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Any Actions:

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What are your personal strengths?

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What are your personal weaknesses?

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Do you have any history of trauma (physical, sexual or emotional abuse) or other type of traumatic experiences?

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***Just For children and Adolescents***

Was your mother under a physician's care during her pregnancy? \_\_\_\_\_

Were there any complications during her pregnancy? If so, please describe:

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Did your mother take any medications, nonprescription drugs, smoke cigarettes, or consume alcohol during pregnancy? If so, please specify:

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Did you meet developmental milestones within normal ranges (sitting, crawling, walking, first words, short phrases, toilet training)? \_\_\_\_\_

Siblings/Step-siblings and birth order:

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Marital status of parents :

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If your parents are divorced, how old were you when they got divorced?

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Describe your father's current health:

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Describe your mother's current health:

Do you have friends? Do you have difficulties making friends? If yes, please describe why? or Do you prefer to be alone? If yes, please describe why:

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Do you have a good relationship with your family members? If not, why:

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Do you fight frequently with peers or family members? If yes, please describe why:

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What do you do in your free time (sports, hobbies, etc)?

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What are your personal strengths?

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What are your personal weaknesses?

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Do you have any history of trauma (physical, sexual or emotional abuse) or other type of traumatic experiences?

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

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