

# New Client Intake Form

Fillable · Complete and email to Robert before your first appointment

Type directly into each field. Click 'Submit by Email' when complete. Questions: (503) 383-9144 · robert@branching-streams.com

## PERSONAL INFORMATION

Full Legal Name

Date of Birth

Age

Home Address

City, State, ZIP

Preferred Name / Nickname

Date of Birth

Gender Identity / Pronouns

Primary Phone

Email Address

Emergency Contact Name

Emergency Contact — Phone & Relationship

Occupation / Employment

Highest Level of Education

Current Relationship Status

Children (ages if applicable)

## PRESENTING CONCERNS

What brings you to therapy? What would you most like to address?

How long have these concerns been present?

Referred by:

## CURRENT SYMPTOMS — check all that apply

Depression / low mood

Anxiety / worry

Panic attacks

Sleep difficulties

Changes in appetite

Grief / loss

Trauma / PTSD

Relationship difficulties

Life transitions

Substance use concerns

Self-harm thoughts

Suicidal thoughts

Anger / irritability

Low self-esteem

Other

Other symptoms / additional notes:

## MENTAL HEALTH HISTORY

Previous therapy or psychiatric treatment?

No

Yes

If yes — describe (type, provider, dates, outcomes):

Psychiatric hospitalization?

No

Yes

If yes — describe:

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## SUBSTANCE USE HISTORY

Current or past substance use?

None  Occasional  Regular  In recovery

Type(s), frequency, and any treatment history:

## MEDICAL HISTORY

Significant medical conditions, diagnoses, or physical health concerns:

Current Medications (name & dosage)

Prescribing Physician

Primary Care Physician

Physician Phone Number

## FAMILY & SOCIAL HISTORY

Family mental health history (any known diagnoses in family members):

Brief description of family of origin and current living situation:

## GOALS FOR THERAPY

What are your hopes for this work? What style of conversation works best for you?

## ADDITIONAL INFORMATION

Anything else you'd like Robert to know before your first session:

Client Signature (type name to sign)

Date

**Submit by Email to Robert**

Clicking opens your email app — attach completed PDF and send to robert@branching-streams.com