MINDFUL MIND & BODY

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MindfulMindAndBody.com

Client Intake Form

Date: _____

Name: _____

Date of Birth: _____ **SSN:** _____

Address: _____

Phone# _____ **Email** _____

Race/Cultural/Ethnic Identity _____ **Gender** _____ **Preferred Pronoun:** _____

Sexual Orientation: _____ **Relationship Status:** _____

Emergency Contact Information

Contact Name: _____ **Relationship to Patient:** _____

Phone: _____

*****In a medical emergency, occurring while at this office, I give permission to receive medical care:**

☐ **Yes** ☐ **No Signature:** _____

What is the reason for your seeking services at this time?

Stressors Checklist: (Please check all that apply)

- ☐ Lifestyle Change
- ☐ Sleep Problems
- ☐ Substance Use: (food, caffeine, drugs, alcohol, prescriptions)
- ☐ Credit Card Debt
- ☐ Sexual Functioning
- ☐ Sexual Identity
- ☐ Too Busy
- ☐ Isolation
- ☐ Work School Functioning
- ☐ Clutter
- ☐ Relationship Problems
- ☐ Children Issues
- ☐ Significant Loss
- ☐ Other

Mood Concerns: (Please check all that apply)

☐ Excessive Worry ☐ Hopelessness

☐ Depression ☐ Anger

☐ Fear/Panic ☐ Other

If Other, please list:

Other Concerns: (Please check all that apply)

☐ Compulsive Behaviors ☐ Physical Discomfort ☐ Self-Harm

☐ Memory Problems ☐ Problematic Thoughts ☐ Suicidal Idealizations

How Were You Referred? _____

Name of Current Treatment Providers:

Phone Numbers of Current Providers:

Current Medications Including Dosage:

Treatment History: (Past experiences with medications, therapy/counseling, hospitalization, etc. What was useful what was not?)

Have you ever been hospitalized for mental health?

What Outcomes Would You Like to See as a Result of Your Treatment?

Fees:
Individual, Family and Couples Counseling:
Assessment: $140; Therapy $125 - 45 mins.; $100 30-mins.; No Show or Late Cancel at Least $50

Payment Types Accepted: Cash, Charge or Check