Sandra V Heinsz Ph.D.
Client Intake Form/Social History

Name of Client(s):_____

Birth Date:_____/_____/_____ Age_____ Male ___ Female___ **Social Security #** _____

Address (street, state, zip): _____

Name of **parent(s)/guardian**(s) (if client under 18 years) and relationship to child:_____
_____

Home **Phone**: _____ Cell: _____ May we leave a message*?* ____*Yes*____*No*

Email address:_____ May we email you? ____Yes____No
(Please note: Email correspondence is not considered to be a confidential medium of communication.)

Emergency Contact Name and Number: _____

How or from whom did you hear about my practice?_____

Marital Status: ____ Married ____Divorced ____Widowed ____Separated ___ Never Married
____Domestic Partner ____Dating ____Other

Employer:_____ **Student:** ___Yes___No **Grade/ School:**_____

Please provide the following information and answer the questions below, related to The Client. If it doesn't apply, write **N/A for Not Applicable**. Please note information you provide here is protected as confidential information.

Presenting Problem (Why are you seeking therapy?):_____
_____
_____
_____

What would you like to accomplish in therapy?_____
_____

Have you ever received therapy or psychiatric services/meds before? ____Yes____No
If yes, please explain with whom and dates:_____

Has a mental health **diagnosis** ever been given? What is it? _____

Are you currently **receiving treatment from another provider**? ____Yes____No May I contact your other provider? ____Yes____No Name & Phone Number:_____

History of **Psychiatric Hospitalization?** ____Yes ____No Dates/Reason:_____

What **other agencies** are involved with your family?_____

Sandra V Heinsz Ph.D.
Client Intake Form/Social History

Name of primary **Medical Doctor**:_____

Are you currently taking any prescribed medicines (health or psychiatric related?) ____Yes____No
If yes, please list name of medicine, dosage, and purpose:_____
_____

Educational or Behavioral/Social Concerns? ____Yes____No Explain:_____
_____

Is Child on a **Special Education** Plan? ____Yes ____No _____

(Please circle all School Concerns that apply)

Behavior Disordered Discipline Issues Learning Problems Mental Handicap Drop-Out
Bullying/Fighting Victim of Bullying Truancy Defiance Suspensions Poor Grades
School failure or retention Teacher Problems Lack of Extra-Curricular Activities Giving-up

Please explain school issues: _____
_____
_____

Extra-curricular Activities/ Hobbies/ Interests:_____

Please list all people within your home: Names/ ages:_____

Please list **family members** living outside of your home:_____

Have all of your children always lived within your home (until turn adult)? Please explain:_____

Do you consider yourself **spiritual or religious**? ____Yes____No

Please rate your **current health** (circle): poor unsatisfactory satisfactory good very good

Please rate your current **sleeping habits** (circle): poor unsatisfactory satisfactory good very good

Please rate your **eating habits/appetite** (circle): poor unsatisfactory satisfactory good very good

(please elaborate re: health, eating or sleep concerns here):_____
_____
_____
_____

Do you **exercise**? How often?_____

Sandra V Heinsz Ph.D.
Client Intake Form/Social History

Are you currently experiencing sadness, grief, or depression? ____Yes____No

Are you currently experiencing anxiety, panic attacks, or have any phobias? ____Yes____No

Are you currently experiencing any **chronic pain?** **____Yes____No**

Do you drink alcohol/recreational drugs ? ____Yes____No
(if yes, frequency?) _____Never____Infrequently___Monthly____Weekly____Daily

(please elaborate re: mood, anxiety, pain, or alcohol/drug use here):_____
_____
_____
_____

<u>You or Family Member Have Experienced (Please circle all that apply):</u>

Change of Schools New Home Family Member Moved Out Financial or Money Problems
Parental Divorce/Separation Pregnancy Unemployment New Job Illness Accident
Death New Person in home Loss of Friend(s)Frequent Moves Poor Living Conditions
Child Care Arrangement Jail

<u>Is there a Family History of Any of the Following: (Please circle all that apply):</u>

Substance Abuse Anxiety/Nerves Depression Violence Eating Disorders Eating disorders
Isolation Abuse Bedwetting/Soiling Hygiene Problems Obsessive Compulsions Schizophrenia
Tantrums Suicide Thoughts/Attempts Runaway Behaviors Unruly Behavior Court
Involvement Stealing Self Injuring Extreme lying/manipulation Favoritism Nightmares
Impulsive Mood Swings

Please elaborate about **Family History** here:_____
_____
_____
_____

What do you consider **your strengths/talents?**:_____
_____

What do you consider **your weaknesses?:**_____
_____

How are relationships within the home? Between parents? Between mother and children?
Between father and children? Between siblings? Other relationships?
_____
_____

Sandra V Heinsz Ph.D.
Client Intake Form/Social History

Discipline: How is it administered and by whom? Child's reaction? _____
_____
_____

History of **violent or aggressive behavior**? Towards adults? Towards other children? Towards younger children? Towards animals? History of weapon use or fire setting? ___Yes__No

History of **sexual aggression**? Touch, peeping, stalking, forced sex, pornography, flashing? ___Yes __No

Explain Aggression History Please: _____
_____
_____
_____

Are there any medical concerns (Please circle all that apply):

Physical handicap Mental Handicap Communicable Illness History of Surgery Weight Concerns
History of Serious Illness Allergies Chronic conditions Head Trauma History Seizure Hx
Blood Sugar Problems Thyroid Problems Skin Issues Fainting/Dizziness Arthritis
Nausea/Vomiting Breathing Problems Tics/Tremors Tingling/Numbness Anemia/Blood
Heart Kidney Liver Gall Bladder Lungs Brain Stomach Genital Dental Other

Please explain_____
_____
_____

Pets in the Home? ____Yes____No (#-Kind)_____ _____

Personality Characteristics (Please circle all that apply)

Shy Friendly Inactive Hyperactive Conforming Rebelling Easily led Manipulative Victim
Martyr Bully Dull Smart Relaxed Tense Non-verbal Talkative Pessimistic Optimistic
Impulsive Daydream Hot tempered Mature Immature Dependent Independent Moody
Calm Sensitive Insensitive Inconsiderate Self-conscious Argumentative Nonverbal Cautious
Selfish Generous Popular Unpopular Loner Socially Awkward Aggressive Passive Rigid
Passive Aggressive Fatigued/Tired Happy Sad Attention Seeking Physical Complaints
Obedient Disobedient Flexible

Other(s): _____
_____