

Client Intake Form

Thank you for taking time to complete this form. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Name: _____ Home Phone: _____ Message OK? Y / N

Address: _____ Work Phone: _____ Message OK? Y / N

_____ Cell Phone: _____ Message OK? Y / N
Text OK? Y / N

Email Address: _____ Email OK? Y / N

Emergency Contact: Name _____

Phone: _____ Relationship: _____

Names, Ages, and Relationships Who Will Participate In Therapy

Name _____ DOB _____ Age _____ Relationship _____

Name _____ DOB _____ Age _____ Relationship _____

Name _____ DOB _____ Age _____ Relationship _____

Persons Living in Your Home Besides Those Listed Above

Name _____ DOB _____ Age _____ Relationship _____

Name _____ DOB _____ Age _____ Relationship _____

Name _____ DOB _____ Age _____ Relationship _____

Reason(s) For Seeking Therapy

What brings you in today / current concerns: _____

When did the issue(s) begin / any relevant history: _____

What areas of your life have been affected because of this problem: _____

What do you hope to achieve from therapy: _____

What might make it difficult to make desired changes: _____

Please describe and pervious counseling experience or other mental health services: _____

Please describe any major losses or traumas you have experienced: _____

Have you experienced any significant life changes or stressful events recently: _____

Drug and Alcohol use current and history, self and family: _____

Any current or history with depression or suicide, self and family: _____

Any current or history with anxiety, panic attacks, excessive worry or being overwhelmed: _____

Any current or history of phobia's or excessive thoughts: _____

Medical Information

Current Physician: _____ Phone: _____

List current medications and reason for use: _____

Any medical conditions: _____

Describe general health (sleep, diet, exercise etc.): _____

Anything else you would like to share (hobbies, work, additional concerns) : _____

Please share who you were referred by or how you found me: _____

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