**Lisa Ades, PhD & Associates, PLLC**

5100 Wisconsin Ave., NW ~ Suite 300 ~ Washington, DC 20016

**CLIENT INTAKE FORM**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do we have permission to call you? Yes No

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do we have permission to call you? Yes No

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do we have permission to e-mail you? Yes No

Sex/Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: Single Significant Relationship Married/Partnered Separated Divorced Widowed Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: yes no Please list their ages and genders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disabilities/Illnesses (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Status: Comfortable Some Stress Severe Stress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spiritual/Religious Affiliation (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed outside the home? \_\_\_\_\_ What kind of job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a student? \_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your degree/major?\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about our practice? (check all that apply)

 Self Flyer/Pamphlet Website Google Parent/Family Member Friend/Colleague

 Other Counselor/Therapist Medical Provider Treatment Program

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OK to thank referrer? Yes No Name of Referrer (person or agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Referrer (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Referrer (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST OF CONCERNS/REASONS FOR SEEKING THERAPY SERVICES**

Please mark all of the items below that apply to you. You may add other items at the end if needed. Also feel free to add a note or details in the space next to any of the concerns that you checked.

Addictions & Obsessions/Compulsions (thoughts or actions that repeat)

 Alcohol use

 Cleanliness

 Counting

 Eating (bingeing, purging, overeating, undereating)

 Dieting/exercise

 Drug use (including prescription and over-the-counter meds, street drugs)

 Gambling

 Hoarding

 Love addiction (i.e., can’t go without being in a relationship, sequentially or concurrently)

 Perfectionism

 Pornography

 Sexual activity, hypersexualized behaviors

 Shopping/spending

 Shoplifting

 Smoking/tobacco use

 Weight/body image

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age, Gender & Sexuality Concerns

 Concerns about your age, aging, age discrimination

 Gender discrimination

 Gender identity

 Sexual orientation

 Sexual dysfunction

 Sexual harassment/exploitation

 Sexual health

 Sexual risk-taking

 Sexual satisfaction

Beliefs/Values, Ethical Issues, & Spiritual/Religious Concerns

 Confusion about beliefs, values

 Moral/ethical issues

 Sense of foreshortened future

 Spiritual/religious concerns

Cognitive Functioning

 Attention span/concentration problems

 Confusion & thought disorganization

 Decision-making, indecision, avoidance

 Delusions (false ideas)

 Judgment problems, risk-taking

 Memory problems

 Suspiciousness/paranoia

Emotion & Mood Regulation

 Anger, hostility, irritability, low frustration tolerance

 Aggression, violence

 Anxiety, nervousness, tension

 Depression, low mood, crying, sadness, low motivation

 Emptiness

 Fears/phobias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Flashbacks of traumatic event(s)

 Grief/mourning of deaths, losses, divorce, etc.

 Guilt

 Helplessness/powerlessness

 Homesickness

 Hopelessness

 Hyperactivity (extremely high energy)

 Hypersensitivity (easily hurt or upset; feel things very deeply)

 Hypervigilance (constantly on high alert, jumpy and reactive)

 Impulsiveness, loss of control, outbursts

 Inferiority feelings

 Loss of interest/motivation

 Loneliness

 Mood swings

 Hypersensitivity

 Nightmares/distressing dreams

 Numb feelings/no feelings

 Panic or anxiety attacks

 Pessimism, negativity

 Stress, stress management, stress disorder, tension

 Sudden behavioral changes

 Withdrawal, isolating

Family Problems

 Addictions of family members (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Care of elders

 Housework/chores—quality, schedules, sharing duties

 Marital conflict/distance/disappointments; infidelity/affairs; separation/divorce; remarriage

 Parenting, child management, single parenting, child custody

 Extended-family stressors

Financial

 Money troubles, debt, low income

 Other financial concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Harm of Self/Others

 Suicidal thoughts (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Suicidal action/attempt (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Homicidal thoughts/actions (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Thoughts of self-injury (e.g., cutting or any behaviors designed to release tension or overwhelming feelings)

 (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Self-injury behaviors (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpersonal Functioning in Relationships

 Assertiveness issues

 Codependence/dependence

 Commitment/intimacy issues

 Problems with friends, relatives, or coworkers

 Problems in romantic relationship(s)

 Self-centeredness

 Self-esteeem/self-confidence

 Shyness, social phobia

 Oversensitivity to criticism, rejection

 Unreliable/irresponsible

 Unstable/unreliable partner history

Judicial/Legal Issues (Against you or filed by you)

 Legal matters, charges, suits

 Criminal charges

 Judicial/police/court actions

Physical Health

 Chronic illness or disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chronic pain

 Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fatigue, tiredness, low energy

 Headaches, migraines

 Hormonal or menstrual problems (e.g., PMS, menopause) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other medical concerns or physical problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Self-neglect, poor self-care

 Sleep problems

 oversleeping too little sleep insomnia early waking nightmares

School & Work

 Academics—performance/study skills

 Attention, concentration, distractibility

 Career/job dissatisfaction

 Career goals and decisions, career transitions

 Childhood school experiences

 Employment/Unemployment

 Failure

 Procrastination, work inhibitions, motivation challenges

 Trouble keeping a job

 Workaholism/overworking

Trauma/Abuse (Past or Present)

 Childhood abuse or neglect (verbal, emotional, physical, psychological, sexual)

 Exposure to family violence

 Exposure to animal cruelty

 Psychological abuse/torture

 Relationship/domestic violence

 Sexual assault/unwanted sex

 Sexual harassment/exploitation

 Stalking/cyberstalking victimization

 War/military conflict exposure

 Other exposure to violence/abuse/trauma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any current crisis situations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other concerns or issues?

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

\* If you would find it helpful to write a narrative statement about the concerns that are motivating you to seek treatment at this time, feel free to write on the back of these forms or attach a separate sheet.

Please look back over the concerns you have checked off and choose the three for which you most want help:

1)

2)

3)

Please estimate the severity of your problems:

 mildly upsetting moderately severe severe very severe incapacitating

Please list your typical strategies for reducing stress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Finally, please list your greatest strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you for filling this out.**