CAITLIN R. BURGESS, JD, MA, LMFT
Professional Clinical, Legal, and Forensic Services

233 Oak Meadow Dr, Los Gatos, CA 95032 • 851 Fremont Ave, Suite 210, Los Altos, CA 94024
1740 NW Maple St., Ste 210, Issaquah, WA 98027 • (831) 272-4299 • info@caitlinburgess.com • www.caitlinburgess.com

NEW CLIENT INTAKE FORM

Please provide the following information and answer the questions below. Please note: Information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name:

_____

(Last) (First) (Middle Initial)

Address:

_____

(Street and Number)

_____

(City) (State) (Zip)

Home Phone: _____ May I leave a message? ☐ Yes ☐ No

Cell/Other Phone: _____ May I leave a message? ☐ Yes ☐ No

Please provide emergency contact information (name, address, phone number(s):

_____

Birth Date: _____/_____/_____ Age: _____ Gender: ☐ Male ☐ Female

Marital Status:

☐ Never Married ☐ Domestic Partnership ☐ Married ☐ Separated
☐ Divorced ☐ Widowed

Please list any children/age:

_____

Briefly, what is the main problem for which you are seeking my assistance? (i.e., depression, anxiety, relationship problems, stress, parenting difficulties, etc.):

_____

Have you previously been in counseling before?

☐ No ☐ Yes

If so, with whom? Was it helpful? Why or why not?

_____

Health and Social Information:

1. How is your physical health at present?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific health problems you are currently experiencing:

_____

2. Are you currently taking any prescription medication?

☐ No ☐ Yes

If yes, please list: _____

3. Have you ever been prescribed psychiatric medication?

☐ No ☐ Yes

Please list and provide dates prescribed:

_____

4. How would you rate your current sleeping habits?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific sleep problems you are currently experiencing:

_____

5. How many times per week do you generally exercise? _____

What types of exercise to you participate in:

_____

6. Please list any difficulties you experience with your appetite or eating patterns:

_____

7. Are you currently experiencing overwhelming sadness, grief or depression?

☐ No ☐ Yes

If yes, for approximately how long? _____

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

☐ No ☐ Yes

If yes, when did you begin experiencing this? _____

9. Are you currently experiencing any chronic pain?

☐ No ☐ Yes

If yes, please describe?

_____

10. Have you ever thought about hurting yourself? ☐ No ☐ Yes

11. Have you ever tried to commit suicide? ☐ No ☐ Yes

12. Have you ever been hospitalized for psychiatric reasons? ☐ No ☐ Yes

13. Do you drink alcohol? ☐ No ☐ Yes

If yes, how much per week? _____

14. Do you engage in recreational drug use?

☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

15. Are you currently in a romantic relationship? ☐ No ☐ Yes

If yes, for how long? _____

On a scale of 1-10 (10 being the best), how would you rate your relationship? _____

16. What significant life changes or stressful events have you experienced recently?

_____

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, mother, grandfather, aunt, etc.).

Please Check (yes or no) **List Family Member(s):**

Alcohol/Substance Abuse	☐ no	☐ yes	_____
Anxiety	☐ no	☐ yes	_____
Depression	☐ no	☐ yes	_____
Domestic Violence	☐ no	☐ yes	_____
Eating Disorders	☐ no	☐ yes	_____
Obesity	☐ no	☐ yes	_____

Obsessive Compulsive Behavior ☐ no ☐ yes _____

Schizophrenia ☐ no ☐ yes _____

Suicide Attempts ☐ no ☐ yes _____

ADDITIONAL INFORMATION:

1. Are you currently employed? ☐ No ☐ Yes

If yes, what is your current employment situation?

_____

2. Do you enjoy your work? Is there anything stressful about your current work?

_____

3. What do you consider to be some of your strengths?

_____

4. What are some effective coping strategies that have worked for you?

_____

5. What are some of your goals for therapy?

_____

6. Referred by (if any):

_____