SAFE WATERS FAMILY THERAPY ADULT INTAKE FORM

DOB:	Date:						
Address:	Client's Name:						
lome Phone:	sge:	DOB:	Ger	Gender:			
ell Phone: OK to leave message? Yes referred method of contact (circle one)? Cell phone Home phone mergency Contact Person: Phone Number: Phone Number: Phone Numbers to contact this person in emergency? Yes No mamily members to be involved in therapy (if couples therapy or family therapy, please list names of all)? pouse/Partner: Age: hild:	ddress:						
OK to text? Yes referred method of contact (circle one)? Cell phone Home phone mergency Contact Person: elationship: Phone Number: K to contact this person in emergency? Yes No amily members to be involved in therapy (if couples therapy or family therapy, please list names of all)? pouse/Partner: Age: hild: Age: A	ome Phone:		OK to leave	message? Ye	es No		
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Age:	mergency Contact Perso	n:					
amily members to be involved in therapy (if couples therapy or family therapy, please list names of all)? pouse/Partner: Age: child: Age: child: Age: child: Age: child: Age: child: Age:	elationship:	Phone	e Number:				
Age:	OK to contact this person	in emergency? Yes No					
Child: Age:	pouse/Partner:			•			
Child: Age:	Child:		Age:				
Age:Age:Age:	Child:		Age:				
lave you had any previous therapy before? Yes No	hild:		Age:				
	Child:		Age:				
When? With whom?	lave you had any previo	is therapy before? Yes No					
	When?	With whor	n?				

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Presenting Problems:					
Are you currently on any psychotropic medications? Yes N	0	If so,	please list name	and dos	sage:
Do you have any previous or current mental health diagnoses? Yediagnosed:	es No	No If so, please list them and when			
The following questions pertain to thoughts of self-harm, harming will follow up with these questions. No explanation is required at the		ise, and l	egal issues. You	intake	therapist
Are you currently having any thoughts of harming yourself?	Yes	No	Or others?	Yes	No
Do you have any previous history of thoughts of harming yourself?	Yes	No	Or others?	Yes	No
Are you currently experiencing any physical abuse?	Yes	No	In the past?	Yes	No
Are you currently experiencing any verbal/emotional abuse?	Yes	No	In the past?	Yes	No
Are you currently experiencing any sexual abuse?	Yes	No	In the past?	Yes	No
Any current CPS or APS involvement?	Yes	No	In the past?	Yes	No
Any current or pending legal issues?	Yes	No	In the past?	Yes	No