Soul Care Psychotherapy

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Intake Form

Name: _____ **Age:** _____ **Birth Date:** _____

Address: _____ **City:** _____ **State:**_____ **Zip:** _____

Phone Numbers: Home: _____ **Work:** _____ **Cell:** _____

Employer or School: _____ **Occupation:** _____ **Education Level:** _____

Race/Nationality/Ethnic Origin: _____ **Who referred you to me for psychotherapy?** _____

Relationship Status:

Never Married: ☐ **Separated:** ☐ **How Long?** _____
Married: ☐ **Dates:** _____ **Widowed:** ☐ **How Long?** _____
Living w/Partner: ☐ **How Long?** _____ **Divorced:** ☐ **How Long?** _____

Please list previous marriages and/or significant relationships:

_____

Current Spouse/Partner's Name: _____ **Age:** _____ **Birth Date:** _____

Employer or School: _____ **Occupation:** _____ **Education Level:** _____

Race/Nationality/Ethnicity: _____ **Phone Number:** _____

Children/Stepchildren:

Name:	Age:	Birth Date:	Sex:	Relationship to You?	Living With You?

Have you had a child die? _____ **Miscarriages:** _____ **Abortions:** _____

Family Background:

Parents' Names/Ages: _____

Are/Were your parents married? _____ **Date(s):** _____ **Are/Were your parents divorced?** _____ **Dates:** _____

Were you adopted? If yes, at what age? _____ **Stepparents?** _____

Siblings' Names & Ages (include step and half siblings): _____

_____

Have any parents or siblings died? (Indicate name, cause of death, date): _____

Physical/Emotional Health:

Have you received previous psychotherapy or counseling? _____ **If yes, from whom, and when?** _____

_____

Have you ever attempted suicide? _____ **If yes, at what age(s)?** _____

Physician's Name(s), with Phone #'s: _____

Medications, supplements, etc. you are taking, conditions you're taking them for, dosage, & who prescribed?:

_____

Do you currently, or have you in the past had a problem with alcohol or drug addiction? If so, please elaborate:

_____

Do you identify as: ☐ **Straight** ☐ **Gay** ☐ **Lesbian** ☐ **Bisexual** ☐ **Non-Binary** ☐ **Transgendered** ☐ **Other:** _____

What pronouns do you prefer? ☐ **She/her/hers** ☐ **He/him/his** ☐ **They/them/theirs** ☐ **Other: Please specify:** _____

Which of the following describe or relate to the concerns which bring you to therapy?

Alcohol Problems	_____	**Anxiety**	_____	**Abuse Survivor:**	
Drug Problems	_____	**Relationship with:**		**Sexual**	_____
Anger	_____	**Partner**	_____	**Emotional**	_____
Depression	_____	**Parents**	_____	**Physical**	_____
Loneliness	_____	**Children**	_____	**Abuse Perpetrator:**	
Guilt	_____	**Coworkers**	_____	**Sexual**	_____
Sexual Concerns	_____	**Others**	_____	**Emotional**	_____
Fear	_____	**Elevated Mood**	_____	**Physical**	_____
Grief	_____	**Hopelessness**	_____	**Eating/Food Issues**	_____
Midlife Issues	_____	**Sleep Problems**	_____	**Self-Doubt**	_____
Suicidal Feelings	_____	**Strange Thoughts**	_____	**Legal Issues**	_____
Spiritual Issues	_____	**Finances**	_____	**Work Issues**	_____
Physical Health	_____	**Self-Esteem**	_____	**Loss of Interest**	_____

State in your own words what brings you to therapy: _____

_____

_____

What do you hope to achieve in therapy (goals/focus areas/expectations)?_____

_____

_____

Spiritual/Religious Information:

For some people, the spiritual dimension of life is an important part of therapy. Some have had questions, doubts, or painful experiences in their faith or spiritual life. For others, these issues are not important. These questions will help me understand your unique perspective and needs.

Religious/Spiritual Affiliation (if any): In childhood: _____ **As an adult:** _____

Favorite "sacred story/stories" (e.g., from the Bible, Torah, Koran, or other tradition): _____

Have you had any unusual/remarkable spiritual experiences? _____

_____

_____

Have you had times when you have felt distant from, angry at, or confused about God? _____

_____

_____

Have you ever felt extremely close to God or a Divine Presence? _____

_____

_____

Have you had recent changes in your religious/spiritual life? _____

_____

What else is important for me to know about the religious or spiritual dimensions of your life? _____

_____

_____

What/Who is your favorite: Myth/fairy tale story or figure? _____

Movie? _____

Hero/Heroine (or, who you admire most?)_____

Musician/Band/Performer? _____

Books, Author(s), Artist(s)?_____

Intake Date:_____