


Therapy Patient Intake form [Source](#)


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Let's complete your intake form!

Help your provider get to know you and your goals for treatment by completing this questionnaire prior to your appointment. This helps ensure that you can make the most of your first session together.

Start press Enter ↵



1 → **First, tell us a bit about yourself**

Your responses are confidential and will only be shared with your therapist.

Continue press Enter ↵



a. What is your race?*

Choose as many as you like

A African-American/Black

B American-Indian or Alaska Native

C Asian

D Caucasian/White

E Native Hawaiian or Pacific Islander

F Mixed race

G Other

OK press Enter ↵



b. What is your ethnicity?*

A Hispanic

B Not Hispanic

OK



c. What is your preferred language?*

A English

B Spanish

C Other



d. What is your gender identity?*

Choose as many as you like

A Female

B Male

C Non-binary

D Agender

E Bigender

F Cis

G Gender fluid

H Transgender
FTM

I Transgender
MTF

J Decline

K Other

press Enter ↵



e. What are your pronouns?*

Choose as many as you like

A she/her/hers

B he/him/his

C they/them/theirs

D ze/hir/hirs

E Decline

F Other

press Enter ↵



f. What is your marital status?*

- A Single/never married
- B Married or in a domestic partnership
- C Separated
- D Divorced
- E Widowed



g. What is your sexual orientation?*

Choose as many as you like

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> A Heterosexual | <input type="checkbox"/> B Gay/lesbian | <input type="checkbox"/> C Bisexual |
| <input type="checkbox"/> D Asexual | <input type="checkbox"/> E Questioning | <input type="checkbox"/> F Pansexual |
| <input type="checkbox"/> G Decline | <input type="checkbox"/> H Other | |

press Enter ↵



h. What is your highest level of education?*

- A Current student (i.e., grade or high school)
- B Less than high school
- C High school/GED
- D Some college
- E Associates degree
- F Vocational college
- G College graduate
- H Post college graduate



i. What is the name of your current employer or school?
*

Please enter "None" or "Declined" if you prefer not to answer.

none

OK press Enter ↵



j. What is your current employment status?*

A Employed full time (At least 35 hours/week)

B Employed part-time (Fewer than 35 hours/week)

C Unemployed

D Student

E Homemaker

F Military

G Retired

H Disabled

I Self-employed

OK



2 → Do you have any history of or current military involvement?*

Y Yes

N No

OK



3 → Do you have a history of or current medical conditions?*

Y Yes

N No

OK



4 → Do you have a primary care doctor?*

Y Yes

N No

OK



5 → Please list the name and phone number of your primary care physician*

If you aren't sure, you can enter "N/A"

OK press Enter ↵



6 → Are you taking any medications?*

Y Yes

N No

OK



7 → Do you have a psychiatrist or psychiatric nurse practitioner?
*

Y Yes

N No

OK



8 → Have you previously received mental health treatment?
*

Y Yes

N No

OK



9 → Please share any details about your prior mental health treatment that you would like your therapist to know.*

Type your answer here...

Shift + ⌘ + Enter → to make a line break

OK press Enter →



10 → Which, if any, of the the following substances do you currently use?*

Choose as many as you like

- A None
- B Defer/decline to answer
- C Alcohol
- D Amphetamine
- E Barbiturate
- F Cocaine
- G MAT- alcohol use disorder medication
- H MAT- opioid dependent medication (including methadone)
- I Marijuana/THC
- J Methamphetamine
- K Non-prescription controlled substance (other)
- L Opioids
- M Other



11 → Which, if any, of the the following substances do you have a history of using?*

Choose as many as you like

- A None
- B Defer/decline to answer
- C Alcohol
- D Amphetamine
- E Barbiturate
- F Cocaine
- G MAT- alcohol use disorder medication
- H MAT- opioid dependent medication (including methadone)
- I Marijuana/THC
- J Methamphetamine
- K Non-prescription controlled substance (other)
- L Opioids
- M Other



12 → Briefly describe why you are seeking treatment at this time.*

Type your answer here...

Shift ⌘ + Enter ↵ to make a line break

press Enter ↵

13 → Please provide an emergency contact name and phone number*

Type your answer here...

OK press Enter ↵

14 → Have you completed an Advance Directive relating to your medical care?*

An Advance Directive is a legal document that provides instructions for medical care and only goes into effect if you cannot communicate own wishes

Yes

No

OK



Thank you for checking-in!

Your responses will be shared with your therapist to inform your care.

In the event of a life-threatening emergency, dial 911 or go to your nearest emergency room. If you are experiencing a mental health crisis, please call or text 988 to reach the confidential Suicide and Crisis Lifeline, available 24/7.