



O'MURCHU MEND THERAPY
CLIENT INTAKE FORM

Please complete confidential Client Intake Form previous to your first session.

PART 1:
PERSONAL INFORMATION:

First Name: _____ Last Name: _____ Date of Birth: _____

Preferred Phone: (____) ____-____

May I leave a message at this number? YES /NO

Email Address: _____

Emergency Contact Name: _____ Phone Number: (____) ____-____

Physician's Name: _____ Phone Number: (____) ____-____

PART 2:
MARITAL STATUS:

Single/ Married /Separated /Divorced /Widowed

CHILDREN: YES/NO

PART 3:
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. What are the main concerns/issues that you wish to discuss in therapy?

2. How long have you had these concerns?

3. Do certain things help (massage/meditation/prayer/talking/artwork/exercise)?

4. Have you attended counselling/therapy before? _YES/NO

5. What did you find most helpful?



PART 4:

For the following questions, please scale your level of concern on a scale of 0-10:
0= no concern; 10 = serious concern):

1. Medical problems or the use of medication?

Level of Concern: __

2. Alcohol or drug abuse?

Level of concern: __

3. Impact of substance-use on relationships?

Level of concern: __

4. Abuse or violence in your life?

Level of concern: __

5. Thoughts of self-harm?

Level of concern: __

6. Thoughts of suicide?

Level of concern: __

PART 5:

THERAPEUTIC GOALS

1. What is essential for your therapist to know about you as a person?

2. What is your desired take-away from therapy?
