

GESTALT COLUMBUS INTAKE FORM

Stacy Ingraham LLC

Client Information

Today's Date *Name (first, middle, last)* *Date of Birth* *Age*

Address *City* *State* *Zip*

Primary Phone *Email*

Emergency Contact Name *Relationship* *Phone*

Veteran? ___ No ___ Yes—Branch of Military _____ Time of Service _____

Gender: ___ Female ___ Male ___ Transgender ___ Other _____

Background Information and History of Client

In your own words, describe what brings you here: _____

What do you hope to take away from this experience? _____

What concerns/symptoms contributed to you coming in today? _____

What has been helpful to you in dealing with these concerns/symptoms? _____

Have you ever had treatment by, or are you currently seeing, a psychiatrist or therapist? ___ Yes ___ No

Medical Information

Chronic health problems or disabilities we should be aware of? _____

Recent medical problems? _____

Current medications: _____

Substance Use

Do you feel you are addicted to anything (i.e. work, sex, alcohol, drugs, exercise, food)? Yes No

If yes, please describe: _____

Have you ever felt the need to cut down on your drinking and/or drug use? ___ Yes ___ No

Has anyone ever expressed concern about your alcohol and/or drug use? Yes No

If so, have you found those questions annoying or intrusive? Yes No

Do you use alcohol and/or drugs to (*check all that apply*): Manage stress To relax To change mood For sleep

Family/Household/Relationship Information

Have any members of your family had problems with: Drugs Alcohol Depression Anxiety Other mental illness

Are you: Dating Divorced Married Partnered Single Widowed Other _____

If applicable, please describe your current relationship by placing an "X" on the line below:

◆-----◆
No problems *Minor concerns* *Moderate concerns* *Serious concerns*

How long have you been in the relationship? _____

If you are involved with parenting any children, please list the following:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How would you describe your relationship with the children? _____

How did you learn about Gestalt Columbus and/or Stacy Ingraham, MEd., LPCC-S?

___ Social Media ___ Friend ___ Therapist ___ Medical Provider ___ Internet Search ___ Workshop ___ Employer
___ School Professional (teacher, school counselor) ___ Other _____

IF YOU ARE DIVORCED OR SEPARATED, OR IF THERE IS ANY ISSUE INVOLVING CUSTODY/VISITATION OR GUARDIANSHIP, WE CANNOT SEE A CHILD(REN) UNTIL WE RECEIVE THE COURT DOCUMENTS INVOLVED.

Request for Communication

1. Please call, email and/or text me at the following numbers regarding appointments, payments/billing, and cancellations:

Cell Phone _____ May we leave a message? ___ Yes ___ No
May we send text messages? ___ Yes ___ No

Email _____

2. Please list anyone who will call us to schedule/cancel/confirm appointments, make payments on your account, bring clients to their appointment, etc. (be sure to list your spouse, children, parents, assistants, babysitters/nanny, etc.)

Name _____ Relationship to you _____

Phone Number _____

Name _____ Relationship to you _____

Phone Number _____

Name _____ Relationship to you _____

Phone number _____

Client/Legal Guardian Signature _____ Date _____