WHY THIS FORM?

FINDING A THEREAPIST WHO FEELS LIKE A GOOD FIT CAN BE OVERWHELMING.

Therapists are not one-size-fits-all. Too often, the emotional and financial burden of the search falls on the patient. This form is one small way to rebalance that.

This form is designed **for you.**

Commonly, during a first session your mind is foggy, tired, and easily blanks on specifics you came to discuss and leave realizing the session focused on topics that weren't actually important to you.

This form is meant to help you organize your thoughts before a session. Sharing this ahead of time can help:

- Reduce repetitive or exhausting questions
- Focus your time together more intentionally
- Surface what matters most to you
- Assess whether the fit feels right for both of you

If you're feeling foggy, that's okay.
If you're unsure, that's okay.
If getting this far already took effort, that matters.

Take your time.
Answer what feels accessible. Leave anything blank that isn't helpful.

The goal is not perfection or completeness.
The goal is **clarity, comfort, and efficiency.**

This form is here to support you, not overwhelm you.

PATIENT PRELIMINARY INTAKE

BASIC INFORMATION

Preferred Name: _____

Pronouns: _____

Age: _____

MOST IMPORTANT TO ADDRESS TODAY (IF ANY)

Primary reason for today's visit (if any):

_____

Duration: _____

Severity of daily impact (1-10): _____

PRIOR THERAPY
□ Yes
□ No

PAST DIAGNOSES
□ Yes
□ No

RELEVANT FAMILY HISTORY

KNOWN FAMILIAL MENTAL HEALTH
□ Yes
□ No
□ If yes, list: _____

RELATIONSHIP WITH FATHER
□ Yes
□ No contact (duration) _____
□ Limited (duration) _____

RELATIONSHIP WITH MOTHER
□ Yes
□ No contact (duration) _____
□ Limited (duration) _____

ADOPTED
□ Yes
□ No
□ If yes, relationship status with biological parent(s)

SIBLINGS
□ Yes
□ No contact (duration) _____
□ If yes, relationship status

CHILDREN
□ Yes
□ No
□ If yes, ages & relationship status

RELATIONSHIP STATUS
□ Single
□ Married
□ Divorced

SUPPORT SYSTEM
□ Yes
□ No
□ If yes, list: _____

PREFERENCES

PREFERRED THERAPY STYLE:

□ Direct and structured

□ Warm and conversational

□ Someone who mostly listens

□ Offers tools and strategies

□ Not sure yet

LEARNING STYLE

□ Reading

□ Visual learning (e.g. diagrams, images)

□ Hands-on / Practicing

□ Listening / Conversation

□ Writing things down

HISTORY OF SUBSTANCE ABUSE?

□ Yes

□ No

PREFERRED SESSION FORMAT

□ Virtual

□ In-Person

IS THERE ANYTHING SPECIFIC YOU ARE HOPING TO FOCUS ON?

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGN

_____

DATE

_____