



Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: (    ) \_\_\_\_\_

Do you require wheelchair access?    Yes / No

Are you able to schedule sessions during regular work hours? Yes / No

If not, please state times that would be possible to schedule sessions:

\_\_\_\_\_

Type of treatment you are seeking:

- Psychoanalysis (four times a week)
- Psychotherapy (one to three times a week)
- Unknown

Do you have any privately paid health insurance? Yes / No

If yes, please indicate whether it covers psychotherapy services. Yes / No

Maximum dollar amount covered per year: \_\_\_\_\_

Do you have preferences with regard to the therapist (e.g., age, gender, orientation)?

If so, please state, giving reasons:

Please check all the reasons you are seeking psychotherapy. You may check more than one, but please indicate the main reason by placing a 1 in the column next to the item.

- Anxiety
- Bereavement
- Confusion about self-image, goals etc.
- Decreased performance at work, home, or school
- Depression
- Health status of myself, or someone I care about
- Memory problems
- Relationship problems
- Problems with alcohol or drug use
- Planning the future
- Concerns about sexual abuse
- Concerns about physical abuse
- Aftermath of a trauma
- Concerns about anger management
- Concerns about the amount of stress you are experiencing
- Thoughts or attempts at suicide
- Concerns about sexual performance or enjoyment
- Other (Specify) \_\_\_\_\_

**Have you been in psychotherapy previously?**

No \_\_\_\_\_

Yes (two to four times) \_\_\_\_\_

Yes (once) \_\_\_\_\_

Yes (more than four times) \_\_\_\_\_

**If yes, please state when you were last in therapy** \_\_\_\_\_

**What was the longest time in any one therapy?** \_\_\_\_\_

**Frequency of sessions per week for your longest therapy:** \_\_\_\_\_

**Have you ever been hospitalized for emotional or mental problems?: Yes/No**

**If yes, number of hospitalizations?** \_\_\_\_\_

**Date of most recent hospitalization?** \_\_\_\_\_

**Duration of most recent hospitalization** \_\_\_\_\_

**Please state as fully as you can what your present difficulties are, how long they have existed, and your reasons for seeking treatment at this time. (Use as much space as needed):**