

-Adult Counseling Intake ~ Sonja Wanhala, LMFT~

Name: _____ Birthdate: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

How would you like to be contacted: Email Phone Text

Will you need a SuperBill for FSH/HSA or Insurance Reimbursement? yes no

Make & Model of Car: _____ License Plate No. _____

Emergency
Contact: _____ Relationship: _____

Phone Number: _____

Relationship Status: Single Married Partner/In Relationship Separated
 Divorced Widowed Spouse/Partner Polyamorous

<u>Name of Spouse/Partner</u>	<u>Length of Relationship</u>	<u>Living with You (Y/N)</u>
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<u>Children's Names</u>	<u>Age</u>	<u>Sex</u>	<u>Living at Home (Y/N)</u>
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Please list any other persons living with you besides children or spouse/partner:

Name of Employer: _____

Job Title: _____

Length of
Employment: _____

Please list any current medical conditions or if there is a history of medical issues in your family:

Please list any medications you are currently taking:

Please describe your alcohol consumption or drug use:

On average how many hours of sleep do you receive per night: _____

Have you ever received mental health treatment before? If so, please list dates, provider name, prior diagnosis and the issue for which treatment was sought:

Have you ever had thoughts about hurting yourself or others: () no ()yes, please describe

Please describe your reason(s) for seeking treatment at this time. If there is a particular event that triggered your decision, please describe:

What are your goals for therapy? What results do you expect from treatment?

How did you learn of my services? Who referred you?
