

Embodied Psychotherapy

Olivia Fae Stadler, MA, LMFT #115228

Phone: 415-964-0892

EIN/Tax ID: 84-2949325

Adult Intake Questionnaire

Name:

Date:

Age:

By whom were you referred?

Gender identity:

Education Level:

Ethnicity:

Native Language:

Employer:

Job Title:

What kinds of jobs have you held in the past?

Relationship Status:

Who do you live with?

Reasons for seeking therapy:

Goals, hopes, expectations, about therapy:

How will you know when you accomplish your goals? What do you imagine will be different?

How long do you think your therapy should last?

Concerns, fears, ambivalence about beginning/being in therapy:

Psychological/Therapy History: Previous or concurrent therapy (when, length, issues, what was most/least helpful, reasons for termination)

Psychiatric History:

Hospitalizations, panic attacks, phobias, depression, anxiety, psychotic behavior, manic behavior:

Suicidal behavior, self-harm, or violent behavior (Ideation, fears, past or current attempts):

Medical History:

Major illness, disabilities, and hospitalizations (note date/age of significant occurrences)

Does any member of your family suffer from an “emotional disorder” or mental illness? If yes, which?

Sleep: How many hours per night? Any insomnia, hypersomnia, or disturbing dreams? How often?

Exercise: What/when/how often?

Menstrual History: (if relevant)

Age at first period: Were you informed? Did it come as a shock?

Eating patterns/Body Image:

Any appetite issues, overeating, compulsive eating, bingeing/purging, restrictive eating, fasting, weight fluctuation (when, how often):

Current psychiatric medications and dosage:

Substance Use History:

Nicotine - How often: How Much: Begin /End:

Caffeine - How Often: How Much: Begin/End:

Alcohol - What:

How Much:

How Often:

Begin /End:

Other Drugs: (what, how much, how often, how long)

Are you wanting to change your substance use or do you see it as a concern?

Stresses/Coping Skills: Sources of stress, what do you do to cope with stress, how helpful are these coping strategies?

Current Support Systems (Social, family, spiritual/religious, etc.):

PERSONAL AND SOCIAL HISTORY

Primary Caregiver (often mother): Name:

Age:

Occupation:

If deceased, give age at time of death: How old were you at the time?

Cause of death:

Secondary Caregiver (often father): Name:

Age:

Occupation:

If deceased, give age at time of death: How old were you at the time?

Cause of death:

If you were not brought up by your parents, who raised you and between what years?

Give a description of your primary caregiver's personality and their attitude toward you (during your first 12 years of life):

Give a description of your secondary caregiver's personality and their attitude toward you (during your first 12 years of life):

In what ways were you disciplined or punished by your caregivers?

Siblings:

Name(s) & age(s) of brother(s):

Name(s) & age(s) of sister(s):

Any significant details about siblings:

Give an impression of your home atmosphere (i.e. the home in which you grew up).
Mention state of compatibility between caregivers and between children.

Were you able to confide in your caregivers?

Did you feel loved and celebrated by your caregivers?

If you have a stepparent, give your age when your parent remarried:

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.? If yes, please describe briefly:

Please describe any significant childhood (or other) memories and experiences you think your therapist should be aware of:

Friendships

Do you make friends easily? Yes No Do you keep them? Yes
 No

Did you date much during high school? Yes No College? Yes
 No

Were you ever bullied or severely teased? Yes No

Partnership (if relevant)

How long did you know your partner before you entered into a more serious commitment?

How long have you been together/married?

What is your partner's age? Their occupation?

Describe your partner's personality:

What do you like most about your partner?

What do you like least about your partner?

What factors detract from your relationship satisfaction?

How many children do you have?

Please give their names and ages:

Do any of your children present special problems? If yes, please describe:

Any significant details about a previous marriage(s)?

Is there anything about how you identify (in terms of culture, sexuality, gender, or any other parts of your background) **that you'd like for me to know about?**

What are some things you appreciate about yourself?

Anything else you would like me to know?