Version 10-15

_____ Therapist Initials Today's Date: _____

DUKE INTEGRATIVE MEDICINE
PSYCHOLOGY INTAKE FORM

Please complete this form and return it before your appointment. This will allow your provider to review your information before meeting with you. If you would prefer to leave portions of this form blank, you may discuss them with your provider in your initial session. If you are unable to complete this form prior to your appointment, it will need to be completed during the first portion of your session.

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Gender: _____ Duke Medical Record Number (MRN): _____

BACKGROUND INFORMATION

Employment Status/Job Description: _____

Relationship Status: _____

Number of Children and Ages: _____

Who lives with you in your home? _____

PRIOR TREATMENT AND HISTORY

Have you participated in psychotherapy or received other mental health treatment in the past? If yes, please briefly describe. _____

_____

_____

Do you have any medical conditions or physical concerns that you would like us to be aware of? If yes, please briefly describe. _____

_____

_____

Are you currently taking any medication, vitamins, or supplements? If yes, please list and briefly describe them.

_____

_____

Do you currently have any concerns about your use of alcohol, drugs, or tobacco? If yes, please briefly describe your concerns. _____

_____

_____

Have you experienced any of the following concerns? If yes, please indicate past, current, or both.

Traumatic or Life-Threatening Event	NO	YES	If yes…..Past	Current	Both
Abuse or Assault	NO	YES	If yes…..Past	Current	Both
Suicidal Thoughts	NO	YES	If yes…..Past	Current	Both
Suicide Attempt	NO	YES	If yes…..Past	Current	Both
Intentionally Hurt Yourself	NO	YES	If yes…..Past	Current	Both
Thoughts of Harming Someone Else	NO	YES	If yes…..Past	Current	Both

PERSONAL STRENGTHS

What are your biggest strengths? _____

_____

_____

_____

What would you like to see change or improve in the coming months? What is your vision of improved wellness?

_____

_____

_____

_____