

Intake Form

Date:

Name:

Address:

Email:

City, State, ZIP:

Home phone number:

Emergency phone number:

Work phone number:

Cell phone number:

Age:

Date of Birth:

Educational Level (check one)

grade high some college graduate trade school/other
school school college graduate school

Employment Status (check one):

unemployed employed part-time employed full-time self-employed

Marital Status (check one):

married separated divorced single living with someone widowed

Number of Marriages:

Children (number, ages):

Residence (check one):

house hotel room apartment trailer other

Income in household (indicate monthly or annual):

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

Military history:

Ethnicity (White, Black, Native American, Hispanic, Asian, other):

Referred by:

How would you like to change the ways you think, feel and behave, if at all?

If therapy were to be successful, how would your life be different?

Why are you seeking out therapy right now?

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

How would you describe your social life? Do you have supportive people in your life that you confide in?

What is your relationship to alcohol or with other drugs? How often and how much do you consume alcohol/other drugs? If you never consume alcohol or use drugs, skip the next two questions.

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

When was the last time you consumed alcohol or used drugs? How much did you consume?

As an adult, what is the longest period of time that you have not consumed any drugs or alcohol?

Have you had any DUIs? If yes, how many DUI's?

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

List any problematic physical or mental conditions you have:

List medications you are taking and what they are for:

Have you ever thought of harming yourself or taking your life? Are you thinking of suicide now?

Have you ever tried to end your life? If yes, in what context and why were you not successful?

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

Have you ever tried to end someone else's life?

Have you ever had difficulties with impulse control (acting out)? If yes, briefly describe context of this difficulty:

Do you ever hallucinate (see, hear, or feel things that other people do not see, feel, or hear) or do you ever have the sense that people or larger forces are out to get you? If yes, please describe:

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

Have you ever had problems with the law, and if so, what were they? Do you have any current legal involvement?

Have you had any previous therapy? If so, what was the reason, and was it helpful, not helpful, or mixed?

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

If you had previous therapy, what was most helpful about it? Least helpful about it?

Have you ever been hospitalized in a psychiatric hospital? If yes, when events led to this and how long was your stay there?

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

Have you ever been physical, sexually, and/or emotionally abused? By whom?

**Do you or have you ever physically, sexually, and/or emotionally abuse(d) others?
Who do you or did you abuse, and in what manner/context?**

**Is there anything else that you think might be important for me to know about you?
If yes, what is that?**

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

Do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?

The information provided is necessary for proper treatment and shall remain confidential.

JOHANNES KIEDING, L.L.C. LCSW

**ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING**

**Johannes Kieding, LCSW
145 E. University BLVD
(585) 530-0953
Johannes@acceleratedpsychotherapy.com
www.acceleratedpsychotherapy.com**