Jan Eaton-Bennette, LCSW, Clinical Supervision & Psychotherapy

Jan Eaton-Bennette, MSW, LCSW (#L555) 5441 SW Macadam Ave. suite 200, Portland, OR. 97239 (office); 10940 SW Barnes Rd., #373, Portland, OR. 97225 (mail)

INTAKE FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Name:_____
Last First Middle Initial

Today's Date:_____

Name of parent/guardian (if under 18 years):

_____
Last First Middle Initial

Birth Date: ___/___/___ Age: ____ Gender :_____

Please list any children/age:_____

Address:_____
Number and Street

_____
City State Zip

Cell/Other Phone:_____ Can therapist leave a VM or text?_____
Y / N

Email: _____ Can therapist email you? _____
Please note: Electronic correspondence is not considered confidential. *Y / N*

How did you find me:_____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?
___No ___Yes, previous therapist practitioner:_____

Are you currently taking any prescription medication:
___Yes ___No

Please list:_____

Have you ever been prescribed psychiatric medication? ___Yes ___No

Please list medications and provide dates: _____

_____

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GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

_____

2. How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Number of hours you generally sleep at night:_____

Please list any specific sleep problems you are currently experiencing:

_____

3. How many times a week do you generally exercise?_____

What types of exercise do you participate in? _____

4. Please list any difficulties you experience with your appetite or eating patterns.

_____

5. Are you currently experiencing any of the following: overwhelming sadness, grief, depression, anxiety, panic attacks, phobias

___Yes ___No

If yes, for approximately how long?_____
If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain? ___Yes ___No

If yes, please describe where pain is in your body and level on a scale of 1 to 10.

_____

8. How many alcoholic drinks do you consume in one week, on average? _____

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9. How often do you engage in recreational drug use? (please circle)

Daily Weekly Monthly Infrequently Never

What drug(s) do you use? _____

10. Are you currently in a romantic relationship(s)? ___Yes ___No
Married?___Yes___No In a polyamorous relationship? ___Yes ___No

If yes, for how long? _____ If no, when was last break-up? _____

On a scale of 1-10 if 10 is ideal, how would you rate your relationship(s)? ____

11. What significant life changes or stressful events have you experienced recently?

_____

_____

FAMILY MENTAL HEALTH HISTORY

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided, you can include yourself in this report.

	Please Circle		Family Member
Alcohol/Substance Abuse	yes	no	
Anxiety	yes	no	
Depression	yes	no	
Domestic Violence	yes	no	
Eating Disorders	yes	no	
Obesity	yes	no	
Obsessive Compulsive Behavior	yes	no	
Schizophrenia	yes	no	
Suicide Attempts	yes	no	

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Any previous or current thoughts of suicide or attempts?__ Yes ___ No
If yes, please describe and say about when these occurred.

_____

_____

Are you currently employed?
___Yes ___No
If yes, what is your current employment situation?

_____

Do you enjoy your work? Is there anything stressful about your current work?

_____

Do you consider yourself to be spiritual or religious? ___Yes ___No
If yes, describe your faith or belief:

_____

What do you consider to be some of your strengths?

_____

_____

What do you consider to be some of your challenges?

_____

_____

What would you like to accomplish during your time in therapy?

_____

_____