

# Harmony Heals, Inc



## INTAKE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ May I call  
you at work? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security # \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Martial Status: \_\_\_\_\_ Length of time? \_\_\_\_\_

If client is a minor, name of parent/guardian: \_\_\_\_\_

Name of closest friend/relative: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Have you ever had previous counseling? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when? \_\_\_\_\_

Type of counseling: Individual \_\_\_\_\_ Couple \_\_\_\_\_ Group \_\_\_\_\_ Family \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Reason for seeking psychotherapy at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How is your physical health? \_\_\_\_\_

Have you ever had any psychiatric hospitalizations? \_\_\_\_\_ When, how long and  
why? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_ If so, What kind, why and how much? \_\_\_\_\_

\_\_\_\_\_

Do you drink and/or use recreational drugs? If so, What and how much? \_\_\_\_\_

Do you feel suicidal? \_\_\_\_\_ Do you feel homicidal? \_\_\_\_\_

What type of counseling do you seek? \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

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**For Office Use Only:**

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Fee: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Insurance: \_\_\_\_\_

MD Referral: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Intake Therapist:

\_\_\_\_\_  
Intake Date:

