

Linda M. Sutton, LCPC, Provider
105th CT. Orland Park, IL 60467

INTAKE FORM

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

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

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

(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married Separated

Divorced Widowed

Please list any children/age: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

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 and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. 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

Please list any specific sleep problems you are currently experiencing:

3. How many times per 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 overwhelming sadness, grief or depression?

- No
- Yes

If yes, for approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks or have any phobias?

- No
- Yes

If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain?

- No
- Yes

If yes, please describe _____

8. Do you drink alcohol more than once a week? No Yes

9. How often do you engage recreational drug use? Daily Weekly Monthly
 Infrequently Never

10. Are you currently in a romantic relationship? No Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

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 (father, grandmother, uncle, etc.).

_____	Please Circle	List 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	

ADDITIONAL INFORMATION:

1. Are you currently employed? No Yes

If yes, what is your current employment situation:

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

2. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weakness?

5. What would you like to accomplish out of your time in therapy?

INTAKE FORM

5.

Linda M. Sutton, MA LCPC, 16335 So. Harlem Ave. Suite# 426, Tinley Park, IL 60477

Presenting Problem (s): _____

Why counseling at this time: _____

Major concern (s): _____

Describe Symptoms/Mood/Behaviors: _____

Duration (How long?): _____

Impact on functioning: _____

Previous efforts to Obtain help: _____

Currently Suicidal: Yes ___ No ___ If yes, describe your current plan _____

Past Suicidal attempt ___ Describe _____

Date/Year of Incident _____

Extended Family Problems: _____

INTAKE FORM

6.

Linda M. Sutton, MA LCPC, 16335 So. Harlem Ave. Suite #426, Tinley Park, IL 60477

Have you ever been arrested and convicted of a felony: Yes___No___

Please Describe_____

Childhood/ Family History:

I was raised by...

(Check one) Bio Parent(s)_____Maternal Grandparent(s)___

Paternal Grandparent(s)_____Other_____

I am the _____ of _____ children.

Any close relationships with family members while growing up?_____

Positive Experience(s)_____

Negative Experience(s)_____

Any Traumatic life Experiences?_____

Who can you call for support when needed?_____

Education:

High School/GED___

AA___ Subject_____

BA___ Subject_____

MA___ Subject_____

How did you hear about my practice?

Psychology Today___ GoodTherapy.org___ Internet ___ Website___

Word of Mouth___ Workshop___ Other_____

SPECIFIC PROBLEMS & GOALS FOR _____ COUNSELING

Client(s) _____ Date _____

Problem 1: _____

Goal 1: _____

I would know that I have reached my goal when _____

Problem 2: _____

Goal 2:
I would know that I have reached my goal when _____

Problem 3: _____

Goal 3:
I would know that I have reached my goal when _____

Judgment: _____ Presentation: _____ Orientation: _____

Affect: _____ Capacity for Insight: _____

Diagnostic Formulation: _____

