

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

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.

Free Monthly eNewsletter Subscriber *(Monthly Newsletters are emailed after therapy services have ended)*  
\_\_\_ Yes \_\_\_ No

Referred by (if any): \_\_\_\_\_

Have you previously received any type of mental health services (psychotherapy, psychiatric  
services, etc.)?

- No  
 Yes, previous therapist/practitioner: \_\_\_\_\_

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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

\_\_\_\_\_

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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	

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ADDITIONAL INFORMATION:

1. Are you currently employed?  No  Yes

If yes, what is your current employment situation?

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

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

If yes, describe your faith or belief:

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

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

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

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**INTAKE FORM**

5.

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*(Please provide information in specify detail)*

**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:** \_\_\_\_\_

\_\_\_\_\_

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6.

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Client (s) \_\_\_\_\_ Date \_\_\_\_\_

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? *(Please explain)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

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Client(s) \_\_\_\_\_ Date \_\_\_\_\_

***SPECIFIC PROBLEMS & GOALS COUNSELING***

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

How motivated are you to work on these issues

Very Motivated \_\_\_\_\_ Somewhat \_\_\_\_\_ Not as motivated as a should be \_\_\_\_\_