

Peter Carpentieri
Licensed Marriage and Family Therapist #50493
510-463-1150
CLIENT INTAKE FORM

Name _____

Sharing information about yourself will help me better understand how I can help you. Please answer as many questions as you can before our first appointment. Please use the back of a page if needed. Thank you.

1. What are your goals for therapy? What would you like therapy to accomplish for you? How would you be different if therapy were successful?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

2. What gives you the greatest joy or satisfaction in life? (Please include hobbies, activities, interests, pursuits, relationships, people, places, etc...) _____

3. Do you have any fears or concerns with regard to therapy?

4. What symptoms are you currently having? Please include any anxiety, depression, grief, physical symptoms, addictive behaviors, fears, worries, troublesome thoughts, recent or past losses, functional problems, illnesses, injuries, upsets, etc:

5. Please list any medications, supplements, remedies or herbs you take.

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6. Please describe your current support system; please include friends, family, mentors, communities you belong to, or any other supportive people, paid or otherwise:

7. Have you ever attempted suicide? Yes ___ No ___ If yes, please describe the circumstances that led to that attempt (or those attempts), including the date(s), starting with most recent, and any treatment that you had:

8. Are you currently, or have you recently or in the past, had any suicidal thoughts?

Yes ___ No ___

If yes, please describe when you've had these thoughts and include any treatment you've had for this:

9. Are you experiencing any medical or physical symptoms that you attribute to a mental, emotional, psychological or stress-related condition? Please describe:

10. Please list any traumatic experiences or events that you may have experienced during the course of your life, such as childhood abuse, natural disasters, serious accident or injury, witnessing or experiencing violence, etc:

11. What currently allows you to relax, feel at ease, take your mind off things, have hope, feel supported, or experience any other positive feelings?

12. Is there anything else you would like me to know right now?
