30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025
P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com 3/19

Client Intake Form

Name: ____

How did you find out about Schwartz Therapy + Wellness, P.C.? ________________________
____

Other Family Members Attending: ____
____

Residence (circle): Own Home/ Apartment Rent Home/ Apartment Live With Parents Dorm Other: ___________

Current Relationship Status (circle): Single Engaged Married Remarried Separated Divorced Widowed Living Together Other: ______________________________

Length of Time in this Relationship Status: ____

Spouse/ Significant Other's Name: _____________________________________ Age: ______

Have you had any previous marriages? ______ From: _____________ to: _________________

Current Household Members: list all persons with whom you currently live. Please indicate their name, sex and relationship to you (spouse, significant other, child, parent, sibling, etc.). Put an asterisk * next to any person you currently have a concern about.
____
____
____
____

Overall impression of your present family life: ______________________________________
____
____

Father's Name: ____ Age: ________
If deceased, date of death: _______________ How old were you at the time? _____

Mother's Name: ____ Age: ________
If deceased, date of death: _______________ How old were you at the time? _____

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Siblings: Please list the name, sex, and age of all your brothers + sisters.
____
____
____
____

Overall impression of your childhood family life: ______________________________
____

Are you currently working? ________ Please, describe: ______________________
How satisfied are you with your job? ______________________________________

What is the highest level of education you have completed? __________________
Are you planning any further education? ______If so, please specify______________

Describe if + how religion/ spirituality play a part in your life: ________________
____

List activities that you enjoy: ____
____

What do you see as your strengths? _______________________________________
____

What do you see as your weaknesses? _____________________________________
____

What are your main fears? ____
____

What are your major life goals at this time? ______________________________
____

Do you or any members of your family who suffer from alcohol or substance abuse? ________
If yes, please describe: ____

Do you or any members of your family have a history of mental illness? ____________
If yes, please describe: ____

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Have you ever had suicidal thoughts/ attempts? ____________ When? ______________________
Please, add any information you think is important about it: ________________________________
____
**Therapist response: ____

Has anyone in your family or close circle of friends had suicidal thoughts/ attempts, or has anyone you know suicided? ____
**Therapist response: ____

List any serious illnesses, accidents, operations, or traumatic experiences (such as physical or sexual abuse) you have ever had + your age at that time: _________________________________
____
____
**Therapist response: ____

Date of last physical exam? _____________________________ Findings: ________________________

Please, list your current medications/ supplements: ____
____

Are you being seen by any other professional person (physician, minister, priest, rabbi, psychologist, social worker, etc.) for physical or emotional difficulties at this time? ___________
If yes, please describe the nature of the problem and their treatments: _____________________
____

Why did you decide to enter counseling at this time? _______________________________________

Have you had previous counseling? _________ If yes, approximately when? _________________

How would you describe your counseling experience? ____________________________________

How will you measure the success of your counseling experience with Schwartz Therapy + Wellness, P.C.? ____
____

Please, provide an emergency contact____
Relationship: _____________________________________ Phone: ________________________________