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(818) 869-4855

Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session.

Please note: information provided on this form is protected as confidential information.

Personal Information

How did you hear about us?	Date:		
Full Name:			
Address:			
City:	State:	Zip:	
Phone:	May we leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	May we email you a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*Please note: Email is not considered to be a confidential communication medium</i>			
Date of Birth:	Age:	Gender:	
Occupation:	Ethnicity:		
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Partner Name (if any):	Partner Age:		
Partner Occupation:			
Children's ages (if any):			
What are you hoping to get out of therapy?			
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General and Mental Health Information

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

No

Yes, previous therapist/practitioner:

Have you ever been prescribed psychiatric medicine? No Yes, please provide type and for what:

Please list the most active coping strategies you routinely use (or have used in the past) to avoid painful or difficult emotions. (e.g., drugs & alcohol, eating/restricting, TV, internet, sex, shopping, organizing, over-exercising, codependency, humor, gaming, blaming/shaming self, raging etc.):

What significant life changes or stressful events have you experienced recently?

Please list any difficulties you experience with sleeping or your appetite:

Are you currently experiencing any overwhelming sadness grief or depression? No Yes

If yes, for approximately how long?

Are you currently experiencing any anxiety, panic attacks, or have any phobias? No Yes

If yes, for approximately how long?

How often do you drink alcohol?

Daily Weekly Monthly Infrequently Never

How often do you engage in recreational drug use?

Daily Weekly Monthly Infrequently Never

Are you currently in a romantic relationship? No Yes

If yes, for how long?

On a scale of 1-10 (1=poor, 10=exceptional), how would you rate your relationship?

Family Mental Health History

Identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you (e.g., father, grandmother, uncle, etc.)

		Family Member(s)
Alcohol/Substance Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Anxiety	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Depression	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Victim of Domestic Violence	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Eating Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Obsessive Compulsive Behaviors	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Mental Health Issues	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Suicide Attempts	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

Additional Information

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

If yes, describe your faith or belief:

What are some of the greatest sources of joy in your life (what makes you come alive inside)?

Please describe any other information you sense might be helpful for us to know (e.g., health issues, significant events, etc.):

Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e., the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type information that may be requested/disclosed includes: Types of service; dates/times of service; diagnosis; treatment plan; description of impairment; progress of therapy; case notes; summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client’s Parent/Guardian if under 18)

Date

Partner Signature (if couples therapy)

Date

Cancellation Policy

If you are unable to attend an appointment, we require that you provide at least 24 hour advanced notice to our office. Since otherwise we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

We appreciate your help in keeping the office schedule running timely and efficiently.

By signing below, I agree to the above cancellation policy.

Client Signature (Client's Parent/Guardian if under 18)

Date

Partner Signature (if couples therapy)

Date