**INTAKE FORM**

**Ann J Clark, LCSW**

**601 University Avenue, Suite 222**

**Sacramento, CA 95825**

**916-296-6972 annjclarklcsw@gmail.com**

**Please fill out this biographical background form as completely as possible. It will**

**help me in our work together. Information is confidential as outlined in the Office**

**Policy form. If you do not desire to answer any question, merely write, "Do not care**

**to answer." Please print or write clearly and bring it with you to the first session.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_**

**IDENTIFY AS: MALE, FEMALE, NON-BINARY, OTHER, PREFER NOT TO DISCLOSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH/PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE: \_\_\_\_\_\_\_**

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

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

**PERSON & PHONE NO. TO CALL IN EMERGENCY:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRAL SOURCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OCCUPATION** (former. if retired): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESENTING PROBLEM** (be as specific as you can: when did it start, how does it

affect you…):

**Estimate the severity of above problem:** Mild-Moderate-Severe-Very severe

**CURRENT: Single\_\_\_ Married\_\_\_\_Partnered\_\_\_\_\_Other\_\_\_\_\_\_\_**

**PAST & PRESENT MARRIAGE/S OR LONG TERM RELATIONSHIPS** (years together, names & statement about the

nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving,

hostile):

**PRESENT SPOUSE/PARTNER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**CHILDREN/STEP/GRAND** (names/ages & brief statement on your relationship with

the person)

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS/STEP-PARENT** (Name/age or year of death/cause of death, occupation,

personality, how did s/he treat you, brief statement about the relationship):

**Father:**

**Mother:**

**Step parents:**

**SIBLINGS** (name/age, if dead: age and cause of death & brief statement about the

relationship):

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL DOCTOR/S** (name /phone):

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents,

falls, illness):

**SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:**

**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments)**:**

**SUICIDE ATTEMPT/S** or **VIOLENT BEHAVIOR** (describe: ages, reasons,

circumstances, how, etc)

**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer,

epilepsy, etc)**:**

**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY** (Describe quality, frequency,

activities, etc.):

**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning—end),

estimated no. of sessions, name, degree, phone & address, initial reason for therapy,

Ind/Couple/Family, medication, brief description of the relationship and how helpful it

was, and how/why it ended)**:**

**DESCRIBE YOUR CHILDHOOD IN GENERAL** (Relationships with parents,

siblings, others, school, neighborhood, relocations, any school/behavioral/problems,

abusive/alcoholic parent):

**IF PARENTS DIVORCED:** Your age at the time: \_\_\_\_\_\_, Describe how it affected you

at the time

**FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE**

(including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

**ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL**

**LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S?** (if you

answer Yes, please explain):

**What gives you the most joy or pleasure in your life?**

**What are your main worries and fears?**

**What are your most important hopes or dreams?**

**Please add on the other side of the page or on a separate page any other information**

**you would like me to know about you and your situation.**