



In The Moment Child and Family Therapy

Kathleen Harwood MS, LPC, LMFT-IT, CPC

Individual Intake Form

Name (legal) : _____ (preferred) _____

Parent(s)/Spouse's Name : _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: _____ Age: _____

Home/Cell Phone: _____ Can we leave a message? Yes No

Email: _____

Would you like to receive In The Moment Notes, a free weekly newsletter? Yes No

Marital Status: Single Married Separated/Divorced

Do you practice a faith? Which? _____

School/Employment: _____

Education: HS/GED ___ College Graduate ___ Graduate Degree ___ Other ___

Personal History: Briefly summarize your reason for therapy: _____

Have you been in counseling prior to today?: Yes No

Was it helpful to you? Please describe:

Current prescription medications:

Substance Use/Abuse History:

Do you currently use tobacco, alcohol or recreational drugs? Yes No

Daily/Weekly Amount? _____

Past substance use?: Yes No

Please describe:

Abuse History:

Have you ever been physically abused? Yes No

Sexual? Yes No

Emotional? Yes No

Currently? Yes No

Inpatient Treatment:

Have you had other past traumas? Yes No

Do you have any chronic health concerns? Yes No

If yes, please

describe: _____

Have you ever been admitted for any type of inpatient treatment including emergency room visits for suicidal thoughts, eating disorder or assault? Yes No

Emergency Contact:

Name: _____ Phone Number: _____

Relation to you: _____

Signature: _____

Date: _____