The Therapy Center

Boston Graduate School of Psychoanalysis

Intake Form

Please complete and give this form to your therapist

Date: _______________ / _______________ / _______________

Name: ____

(First) *(Last)* *(Middle Initial)*

Address: ____

(Street) *(City/Town)* *(State)* *(ZIP)*

Phone Number:

Best number to reach you at: ________________________________Cell____ Home ______Work_______

Alternate number: ____Cell____ Home ______Work_______

Date of birth: ___________________________

mm/dd/yyyy

Gender:

- ○ Male
- ○ Female
- ○ Other________________________

Race:

- ○ Asian/Pacific Islander
- ○ Caucasian
- ○ Black/African American
- ○ Native American
- ○ Multi-racial
- ○ Other__________

Are you Hispanic/Latinx? YES____ NO____

UPDATED 1/20/2020

Relationship Status:

- Married
- Separated
- Divorced
- Widowed
- Living with Partner
- Single
- Other_________________

Do you have children? YES_____ NO______

If yes, how many? _________________

Ages of children living at home at least part time ____

Education:

Are you currently enrolled in an educational program? YES____ No____

If yes, where? ______________________________________

Highest level completed:

- If not high school graduate, highest grade o completed__________
- High school graduate/GED
- Trade school
- Some college but did not graduate: Years completed: __________
- 2- year college
- 4 year college
- Some graduate school but no degree
- Graduate School degree: Masters____ Doctoral_____________
- Currently enrolled in an educational program
- Other____

Employment Status:

- Full time (>=30 hours/week)
- Part time (<30 hours /week)
- Unemployed
- Disabled
- Retired
- Student
- Homemaker
- Other, explain____

Legal problems Yes______ No_______ If yes, describe____

____

Reasons for seeking treatment (*Check all that apply*):

- Stress
- Anger
- Depression
- Anxiety
- Traumatic Experience
- Marital problems
- Family/parenting issues
- Relationship issues
- Career issues
- Work problems
- School issues
- Behavior problems
- Sexual issues
- Identity issues
- Wanting to know myself better
- Not satisfied with life
- Drug or alcohol abuse
- Other______________________________

Previous mental health treatment:

Have you ever seen a psychotherapist before: Yes____ No____

If yes, when was the **most recent time** you saw a therapist? ____

For how long did you go? ___________ (*weeks*) ___________ (*months*) __________ (*years*)

What was this for? _________________________________

Do you know what type of therapy it was that you received?

- Yes
- No

If yes, describe_______________________________________

Reason for termination with last therapist:

- Was not helpful
- Financial
- Therapist terminated
- I moved away
- Had enough for now
- Felt better
- Other__________

Have you ever been hospitalized for mental or emotional problems? Yes____ No____

If yes, how many times? ____

When was your most recent hospitalization? ____

Have you ever received these other forms of treatment for mental or emotional problems? Check all that apply:

- Day treatment
- Club house or drop-in
- Substance abuse treatment
- AA, NA, OA, Alanon or other self help

Do you have any ongoing physical health problems? Yes_____ No_____

If yes, what are they? ____

Are you currently on any medications to address your mental health issues/problems? Yes____ No_____

If yes, what are the drugs, what are they for, and how long have you been on them?

____

____

____

____

(*Drug*) (*What for*) (*How long*)

From time to time BGSP conducts studies to evaluate the therapy we provide. Do you give consent to have a member of our research staff to contact you in the future to discuss the possibility of your participating in research? At that time, you would be able to say yes or no to any actual research participation.

Yes, it would be O.K. to contact me for this ___________________________________

No, please do not contact me for this reason ___________________________________

Form completed by:

- Patient
- Parent/Guardian
- Other

The Therapy Center is developing these new forms. We appreciate any feedback that you have about them:

____

____

____

Please give completed form to your therapist