

Uplifting People, LLC
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Intake

Client Name:	
Name of Interviewer	
Date:	

Background Information

D.O.B		Sex:	
Address		Sexual Orientation:	
Email		Ok to leave a msg?	Yes or No
Phone (h)		Ok to leave a msg?	Yes or No
Phone (c)		Ok to leave a msg?	Yes or No

Emergency Contact Name:	
Relationship	
Address	
Phone	
Phone	
Referred By:	

Presenting Problem

Reason for seeking treatment:

History of Presenting Problem

Current Symptoms:

Other Problems of Interest:

Psychological/Psychiatric Treatment History

Date	Provider(s)	Contact Info	Treatment Setting	Reason Treatment was sought	Type of Treatment

Medical/Health History

History of your last physical and results:

Current and Past Medical Problems:

Current Medications

Name of Medication	Dosage	When taken	Prescriber	Reason for Medication	How long have you taken this Med

Current and Past Substance Use

Name of Drug	Last Usage	Amount used	Date first used	Attitude about usage
Nicotine				
Alcohol				
Marijuana				

Social Situation

List people that live in household, relationship and age:

Romantic Relationship(s)

Married, Single, Divorced Widowed

Current Relationship (Partner's name, age, occupation, start of relationship, quality of relationship, any domestic abuse)

Significant Prior Relationship(s): (length, name of partner, age, occupation, description of relationship, domestic abuse and description of former partner, reason for the end of relationship)

Children: (List all children-name, age, location, medical or psychological conditions, biological)

Name	Age	Medical	Psychological

Mother: (Name, age, occupation, living/deceased, description of personality, mental health, quality of current and past relationship)

Father: (Name, age, occupation, living/deceased, description of personality, mental health, quality of current and past relationship)

Siblings: List all siblings- name, age, occupation, living/deceased, description of personality, mental health, quality of current and past relationship)

Name	Age	Occupation	Personality	Mental/physical	Quality of relationship

Any additional family information of importance: (Divorce, nature of parent’s relationship, step-parents or step-siblings, Important or traumatic family events)

Other Family Members with Psychological Conditions:

What is your cultural background?

What/Who are your support systems?

Significant Life Events (deaths, moves, financial hardships):

Religious Views: (Where you raised with a particular religious view? What is your current religious belief or affiliation, do you currently practice a faith- how so?)

Abuse History: (Sexual, Physical, Verbal, Emotional, Neglect etc.)

Education History

How would you describe your academic performance from high school up – present (if any)?

Do you have a history of learning problems?

Is there a history of test anxiety or study difficulty?

Job History

Current Employment: Position, length of employment- level of satisfaction

Any current problems on the job (lateness, absenteeism, conflicts with peers or supervisors, productivity)

Any past problems on the job (lateness, absenteeism, conflicts with peers or supervisors, productivity)

Legal / Criminal History

History of arrest and/or convictions of crimes:

History of any civil legal issues where you were either the plaintiff or defendant:

Any current legal issues?

Personal Assessment

What are your strengths: Good points, personality, accomplishments etc?

What are your weaknesses: Faults, personality, troubles etc?

What do you hope to gain from coming to counseling?