



sierra agapé center
holistic therapeutic services

SIERRA AGAPE THERAPEUTIC SERVICES

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Client Intake Form

DATE _____

Client Name _____ Home Tel # _____

Work Tel # _____ Mobile # _____ Email _____

Address (mailing) _____ City _____ ST _____ Zip _____

Address (Physical) _____ City _____ ST _____ Zip _____

DATE OF BIRTH: _____

Dear Client:

Please complete as much of this intake form as you feel comfortable doing. It will help me in our initial session to understand where we need to focus.

Reasons for Seeking Therapy:

1.)

2.)

3.)

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4.)

Are you currently having thoughts of suicide? ___yes___no.

Have you ever attempted suicide? Yes ___ No ___ How long ago? _____

Emergency Contact _____ Phone # _____

Medical Doctor _____ Phone # _____

Current Medications:

- 1.) _____ Dosage _____ Rx Dr _____
- 2.) _____ Dosage _____ Rx Dr _____
- 3.) _____ Dosage _____ Rx Dr _____
- 4.) _____ Dosage _____ Rx Dr _____
- 5.) _____ Dosage _____ Rx Dr _____
- 6.) _____ Dosage _____ Rx Dr _____

Are there any medical conditions I should be aware of?

Allergies including allergies to drugs: If yes, please name the type of allergies (food, drugs, pollens, etc)

Are you currently employed? If yes, are you enjoying your work? If not, what would you rather be doing?

Do you have a current or previous mental health diagnosis?

How about your history of drug and alcohol use? Please tell me about your experience and whether this is important to talk about in your therapy work:

Any family history of substance dependence? If yes, please tell me if it was one or both parents and whether it was alcohol or drug addiction or both.

Trauma History:

Divorces

Major illnesses or accidents that your experienced or that occurred in your family

Deaths in the family

Economic Stressors

Did any family members have a history of diagnosed mental illness?

Whom do you consider to be your support system? (friends, church, AA or NA, family, spiritual practices and groups)

What are some of your favorite activities?

Are you open to having other services to support your therapeutic work such as yoga therapy, nutrition coaching, massage therapy, creative expression groups or learning a meditation practice? If yes, which ones are you interested in?

Thank you for giving me this information!