Therapy Phoenix

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## INITIAL INTAKE REPORT

**Client Name(s):**_____ **Date:**_____

**Therapist's Name:** _____

**A. Presenting Problem:**

**B. General History**

1. **Abuse/Neglect:**

2. **Traumas:**

3. **Medical History**

4. **Substance Dependence/Addictions:**

## FAMILY, FRIENDS, RELATIONSHIPS

**C. Family:**

1. **Mother:**

2. **Father:**

3. **Siblings:**

4. **Other Family:**

**D. Romantic Relationships:**

**E. Sexual Functioning/Issues:**

**F. Social Support:**

**G. Self-Care/Coping Mechanisms:**

**H. Diet/Exercise:**

**I. Spirituality/Religion:**

**J. Career**

1. **Education:**

2. **Current Position:**

3. **Past Positions:**

**K. Recommendations / Future Plans / Referral:**

**L. Client Strengths/Prognosis:**

**M. Diagnosis/Diagnoses:**

**MENTAL STATUS EXAM**

**Appearance:** Neat___Disheveled___Appropriate Attire___Other_____
**Physiological Signs:** Restless___Tearful___Tense Posture___Agitated___Decreased Motor Activity___Relaxed___
**Manner and Attitude:** Accessible___Evasive___Defensive___Euphoric___Suspicious___Irritable___Guarded___
Frightened___Aggressive___Optimistic___Passive___Resentful___Other_____
**Orientation:** Time___Place___Person___Situation___ **Eye Contact:** Direct___Intermittent___Intense__Poor___
**Verbal:** Answers Appropriate___Rambling___Detailed___Circumstantial___Repetitive___Slow___Rapid___
**Thought Content:** Normal___Hallucinations___Delusions___Obsessions___Ruminating___Flight of Ideas___

Therapist's Signature: _____