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Redeeming Hearts

Intake Form

Date _____ Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

*Home Phone _____ Work Phone _____

Sex (M/F) _____ DOB _____ Approx. Date of Last Physical _____

* Is it acceptable to contact you at home? Y / N

If "no" then how can I contact you? _____

Emergency Contact Person _____

Relationship _____ Telephone _____

Are you currently under medical care? Y / N

If yes, then please explain/describe. _____

Physician Name & Phone No. _____

Are you currently taking prescribed medications? Y / N

If yes, then please explain/describe. _____

List any psychiatric/mental health medications you have taken. _____

Have you been under the care of a psychiatrist, psychologist, or counselor? Y / N

If yes, please give the name, approximate date, and location of the therapy and briefly explain the nature of the problem which required attention. _____

Please circle any of the following struggles that pertain to you:

Anxiety Depression Fears/Phobias Eating Disorders

Sexual Problems Suicidal Thoughts Separation/Divorce Relationships

Finances Drug/Alcohol Use Career Choices Anger

Self-Control Unhappiness Insomnia Religious Matters

Work/Stress Health Problems Cutting/Self-Mutilation Thought Patterns

Why are you coming to therapy at this time? _____

Is there anything else you think I should know before we begin? _____