

PILAR GIZZI LCPC-C
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PILARGIZZICOUNSELING@GMAIL.COM

CLIENT INTAKE FORM

DATE: _____

CLIENT NAME: _____

HE/SHE/THEY: _____

DATE OF BIRTH: _____

EMAIL: _____

ADDRESS: _____

TELEPHONE: (home) _____

(work) _____

REFERRED BY: _____

OCCUPATION: _____

MARRIED: _____ DIVORCED: _____

SINGLE: _____ PARTNERED: _____

CHILDREN (AGES): _____

EMERGENCY CONTACT: _____

WHAT IS THE HARDSHIP OR QUESTION THAT HAS BROUGHT YOU TO THERAPY:

HOPES / GOALS FOR THERAPY: _____

SUPPORT SYSTEM (FRIENDS, FAMILY, COMMUNITY, ETC.):

RELIGIOUS / SPIRITUAL BELIEFS: _____

PAST/PRESENT COUNSELING / PSYCHOTHERAPY

1. THERAPIST: _____

DATES: _____ TO _____

2. THERAPIST: _____

DATES: _____ TO _____

MEDICAL / HEALTH ISSUES:

CURRENT MEDICATIONS: _____

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE: _____

WHAT WAS VALUED MOST IN YOUR FAMILY OF ORIGIN: _____

DID IT FEEL SAFE TO DISCUSS FEELINGS IN YOUR FAMILY: _____

HOW WAS LOVE SHOWN IN YOUR FAMILY OF ORIGIN: _____

HOW WAS ANGER SHOWN IN YOUR FAMILY OF ORIGIN: _____

WHEN YOU WERE SAD OR AFRAID, WERE THERE ARMS TO HOLD YOU? _____

PLEASE USE THE FOLLOWING PAGE TO TELL ME ANYTHING ELSE ABOUT YOURSELF THAT FEELS RELEVANT TO OUR WORK TOGETHER, THAT YOU HAVEN'T HAD THE OPPORTUNITY TO SHARE. FEEL FREE TO INCLUDE STRENGTHS AND INTERESTS:_____
