L e w i s J M o s k o w i t z , P h D , L M H C
6000 A Sawgrass Village Circle, Suite 6, Ponte Vedra Beach, FL 32082
904-770-9717

I N T A K E F O R M

Purpose: The purpose of this questionnaire is to obtain a comprehensive picture of your background. Please provide the following information and answer the questions below. Bring this completed form to your first session. Please note: information you provide here is protected as confidential information.

Name: _____ Date: _____

Address: _____City: _____State: _____Zip:_____

Birth date: _____/_____/_____ Age: _____ Gender:_____

Primary Phone Number: _____ May we leave a message? ☐Yes ☐No

Secondary Phone Number: _____ May we leave a message? ☐Yes ☐No

E-Mail: _____ *May we email you? ☐Yes ☐No

*Please note: email correspondence is not considered to be a confidential medium of communication

Who referred you to this office? _____

Marital Status: ☐ Single ☐Engaged ☐Never Married ☐Re-Married ☐Separated ☐Divorced ☐Widowed

☐Other (if other, explain)_____

Name of spouse or significant other: _____Age: ____ Years Together: _____ Occupation:_____

Pleases list the names of your children:

Name	Age	Relationship (biological/step)	Lives with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IDENTIFICATION OF PRESENTING ISSUE

State in your own words, the nature of your chief complaint or presenting issue: _____

_____

_____

Give a brief account of the history and development of your complaint (from onset to present): _____

_____

_____

HEALTH INFORMATION

Did you have a normal birth (as far as you know)? _____

Health during childhood: _____

Current health status: _____

Date of last medical evaluation: _____ Date of next appointment: _____

Please check any of the following that describe how you have been feeling lately:

____ sad ____ anxious ____ depressed ____ frightened ____ guilty ____ angry ____ ashamed

____ aggressive ____ helpless ____ resentful _____ worthless ____ tearful ____ irritable

____ confused ____ extreme ups/downs ____ hopeless

Describe any other feelings you have had: _____

_____

Current Medication being taken:

1)_____Dosage/Freq._____ Start Date: _____ Purpose:_____

2)_____Dosage/Freq._____ Start Date: _____ Purpose:_____

3)_____Dosage/Freq._____ Start Date: _____ Purpose:_____

Prescribed by: _____

Have you ever been hospitalized for psychiatric reasons? YES NO (please circle one)

Hospital	**Mo/Yr**	**Reason**
_____	_____	_____
_____	_____	_____

Have you had prior counseling or psychotherapy? YES NO (please circle one)

Counselor/Therapist	**Mo/Yr**	**Reason**
_____	_____	_____
_____	_____	_____

Do you use recreational drugs? YES NO (please circle) If no, have you used previously? YES NO (please circle)

If yes, when did you stop? _____

Type of Drug	**How Much**	**How Often**
_____	_____	_____
_____	_____	_____

How would you rate your current sleep patterns? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Name: _____

Please list any specific sleep problems you are currently experiencing: _____

_____

How many times per week do you exercise? _____What types of exercise do you participate in?

_____

List any difficulties you experience with your appetite or eating patterns: _____

_____

WOMEN'S ISSUES

Age of first period:_____ Were you informed or did it come as a shock?_____

Are you regular? _____ Do you have pain? _____Duration: _____

Do your periods affect your moods? _____

FAMILY MENTAL HEALTH INFORMATION

In the section below, identify if there is a family history of any of the following: (if yes, please indicate the family member's relationship to you in the space provided ie: father, mother, brother, sister etc.)

Alcohol/Substance Abuse	☐Yes	☐No	Family Member: _____
Anxiety	☐Yes	☐No	Family Member: _____
Depression	☐Yes	☐No	Family Member: _____
Domestic Violence	☐Yes	☐No	Family Member: _____
Eating Disorders	☐Yes	☐No	Family Member: _____
Obesity	☐Yes	☐No	Family Member: _____
Obsessive Compulsive Behavior	☐Yes	☐No	Family Member: _____
Schizophrenia	☐Yes	☐No	Family Member: _____
Suicide Attempts	☐Yes	☐No	Family Member: _____

BACKGROUND INFORMATION

Where were you born? _____

Where did you grow up? _____

Childhood interests and hobbies: _____

_____

Adolescent interests and hobbies: _____

Current interests and hobbies: _____

FAMILY DATA

Father's Name: _____ Age: _____

If deceased, cause of death: _____ Your age at the time: _____

Mother's Name: _____ Age: _____

Name: _____

If deceased, cause of death: _____ Your age at the time: _____

Siblings:

Name	**Age**	**City/State of Residence**	**Marital Status**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relationship with siblings:

Past: _____

_____

Present: _____

Give a description of your father's personality and his attitude towards you (past and present): _____

_____

_____

Give a description of your mother's personality and her attitude towards you (past and present): _____

_____

_____

What methods did your parents use to discipline you as a child? _____

_____

Give an impression of your home atmosphere as a child: _____

_____

Were you able to confide in your parents? _____

If you have a step-parent(s), give your age when your parent(s) re-married: Mother_____ Father _____

Who did you live with? _____ If both, explain the arrangement: _____

_____

If you were not brought up by your parents, who did bring you up? _____

During what time frame? _____

Were you ever abused physically, sexually or emotionally as a child? If so, please explain: _____

_____

_____

_____

EDUCATION HISTORY

High School: State & Year Graduated/GED: _____

College: State, Year Graduated & Major/Degree: _____

Graduate School: State, Year Graduated & Major/Degree: _____

What type of schooling experience did you have? _____

How well did you do with grades in school? _____

Did you have many friends during school years? _____

Did you date much during school years? _____

Were you ever bullied or given a nickname? _____

WORK HISTORY

Are you currently employed? ☐Yes ☐No If yes, what is your current employment situation?

_____

Do you enjoy your work? ☐Yes ☐No Is there anything stressful about your current work?

_____

Has anyone ever interfered in your marriage, job, etc? (explain) _____

_____

Do you consider yourself to be spiritual or religious? ☐Yes ☐No (If yes, describer your faith or belief):

_____

_____

Who are the most important people in your life? _____

_____

Please recount any fearful or distressing experiences not previously mentioned: _____

_____

_____

Name: _____