

Online Therapy Intake Form

Personal Information Full Name

Date of Birth

Email Address

Phone Number

Address

Emergency Contact Name

Emergency Contact Phone

Background Information How did you hear about us?

Occupation

Relationship Status

Presenting Concerns Please describe the main reasons you are seeking therapy

When did these issues begin?

Medical & Mental Health History Have you previously attended therapy?

If yes, when and for how long?

Are you currently taking any medication?

If yes, please list

Any history of psychiatric hospitalization?

Additional Information Anything else you'd like your therapist to know?

