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CONFIDENTIAL

CLIENT PSYCHOTHERAPY INTAKE FORM

Please provide the following information and answer the questions below. Please note that the information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle)

Name of parent/guardian (if under 18 years of age):

(Last) (First) (Middle)

Birth Date: ____/____/____ Age: ____ Gender: Male Female

Marital Status:

Never Married Domestic Partnership Married

Separated Divorced Widowed

Please list any children/age: _____

Address: _____

Home Phone: _____ May I leave a message? Yes No

Cell/Other Phone: _____ May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

- Please note that E-mail correspondence is not considered to be a confidential medium of communication.

Referred by (If any): _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc...)? No Yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication? Yes No
Please list: _____

Have you ever been prescribed psychiatric medication? Yes No
Please list and provide dates: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION:

How would you rate your current physical health? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very Good
Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very Good
Please list any specific sleep problems you are currently experiencing:

How many times per week do you generally exercise? _____
What types of exercise do you participate in? _____

Please list any difficulties you experience with your appetite or eating patterns:

Are you currently experiencing overwhelming sadness, grief, or depression? Yes No
If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks, or have any phobias? Yes No
If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain? Yes No
If yes, please describe: _____

Do you drink alcohol more than once a week? Yes No

How often do you engage in recreational drug use?
 Daily Weekly Monthly Infrequently Never

Are you currently in a romantic relationship? Yes No

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

Have there been any significant life changes or stressful or traumatic events that you have experienced recently? _____

FAMILY MENTAL HEALTH HISTORY:

In this section, please 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 (Father, grandmother, uncle, etc...)

Alcohol/Substance Abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Eating Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Obesity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Obsessive Compulsive Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Schizophrenia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Suicide attempts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

ADDITIONAL INFORMATION:

Are you currently employed? Yes No

If yes, what is your current employment situation?

Do you enjoy your work? Is there anything stressful about your current work?

Do you consider yourself to be religious or spiritual? Yes No

If yes, please describe your faith or beliefs:

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish out of your time in therapy?

Is there any further information that you feel that I should be aware of that would help me in understanding you and what brings you to therapy at this time?
