

Alexis Karamol, MA MLP

INTAKE FORM

7150 Kalamazoo Ave SE
Caledonia, MI 49316

Completed by: _____

Date: _____

Patient Name: _____

DOB: _____

Education: In School
Grade _____

High School Graduate Post-Graduate
 College Graduate

Employment: Current Position _____ How Long? _____

Marital Status: Never Married
 Separated/Divorced
How long? _____

Married/Committed Widowed
Relationship How long? _____
How long? _____

Living in your household:

<u>Name:</u>	<u>Age:</u>	<u>Relationship:</u>	<u>Quality of relationship:</u>
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor
_____	_____	_____	good/fair/poor

Other family:

Father (step?) _____
Mother (step?) _____
Siblings: _____

Deceased:

yes/no
yes/no
yes/no
yes/no

Quality of relationship:

good/fair/poor
good/fair/poor
good/fair/poor
good/fair/poor

Reason for seeking treatment:

- lack of energy
- sleep difficulty
- appetite changes
- not enjoying things
- sadness
- can't make decisions
- lacking confidence

- thoughts of hurting self
- thoughts of hurting others
- feeling tense
- always worried
- difficulties at school/ work
- can't concentrate
- very restless
- easily angered
- aggressive/ destructive

- compulsive behaviors
- nightmares
- bedwetting
- shy with people
- sexual problems
- problems w/ drugs/ alcohol
- financial problems
- guilt/shame
- other: _____

Physical health conditions:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> diabetes | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> heart disease | <input type="checkbox"/> arthritis |
| <input type="checkbox"/> epilepsy/seizure | <input type="checkbox"/> stroke | <input type="checkbox"/> cancer | <input type="checkbox"/> STD |
| <input type="checkbox"/> head injury | <input type="checkbox"/> thyroid problems | <input type="checkbox"/> gastrointestinal | <input type="checkbox"/> other: _____ |

Current medications/doses _____

Allergies _____

Previous Mental Health Treatment? _____ **If yes, where & when?** _____

History of Abuse/Trauma? _____

History of Legal Problems? _____