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INTAKE FORM

Please fill out this intake form as completely as possible. It will help me in our work together. All information is confidential as outlined in my Office Policy form. If there are any questions that you do not wish to answer, please indicate this by writing "Do not wish to answer." Please print clearly and bring with you to our first session.

NAME: _____ Male/Female _____ Date: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONE: (Home/Cell) _____ (Work): _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

(Name/Phone) _____

REFERRAL SOURCE : _____

Occupation: (Former, if retired) _____

Presenting Problem: (Be as specific as you can: when did it start, how does it affect you?)

RELATIONSHIP HISTORY:

ARE YOU CURRENTLY: () Married () Partnered () Divorced () Single () Widowed

How long? _____

If you are not married, are you currently in a relationship? Yes / No If yes, how long? _____

Education: _____ Occupation: _____

CHILDREN/STEP/GRAND

Lives with you?

- | | | |
|----------------|------------|--------------------|
| 1. Name: _____ | Age: _____ | Yes _____ No _____ |
| 2. Name: _____ | Age: _____ | Yes _____ No _____ |
| 3. Name: _____ | Age: _____ | Yes _____ No _____ |
| 4. Name: _____ | Age: _____ | Yes _____ No _____ |

PARENTS/STEP-PARENT: (Name/Age or year of death/cause, occupation, personality, brief statement about the relationship)

Father: _____

Mother: _____

Stepparents: _____

Siblings:

1. _____
2. _____
3. _____
4. _____
5. _____

If parents are divorced: How old were you at the time? _____ Which parent did you live with /what was the custody arrangement? _____
Describe how it affected you at the time.

Family History of alcoholism, mental illness or violence:

Trauma History:

So you have a history of being abused emotionally, sexually physically or by neglect?

Among your friends and family, who do you count on for support?

PREVIOUS COUNSELING/MEDICAL HISTORY:

Have you ever been in treatment by a psychiatrist, psychologist or psychotherapist in past? Yes /No
If yes, please describe the reasons for treatment. Approximately how many sessions did you attend and why did you end treatment?

Was treatment helpful? Yes/ No

Please list current or previous health problems:

Please list any medication and/or supplements that you are taking (including dosage)

Spiritual Life:

Do you belong to any particular religion or spiritual group? Yes / No

If yes, what is your level of involvement?

Is there anything else that you would like me to know?
