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## Intake Information

Name:

 Date:

If you prefer, we can fill this form out together during our first appointment.
You may omit any questions you do not feel comfortable answering.

Reason(s) for seeking therapy: what brings you here? what do you hope to accomplish?

How will you know that you no longer desire therapy; that you’ve accomplished your goals?

(Answering the questions below may be helpful as you reflect on this)

If I could wave a magic wand, I would ….
In one year I would like to ….

In 2 months, I would like to….

If I weren’t so worried about ………………. I would ………………………

Your strengths: What characteristics and accomplishments are you proud of? What do you and others like about you? What are your primary interests? What do you do for fun?

Previous therapy: Have you been in therapy before? What was most helpful in prior therapy? What was least helpful?

Which emotions do you find most bothersome & distressing; would like to feel less frequently?

Which emotions do you wish you felt more often?

In general, how would you rate the following:

**Sleep:** Too little About right Too much

**Exercise:** Too little About right Too much

**Nutrition:** Poor Average Excellent

What type of exercise do you do and how often?

Please describe your typical daily diet.

About how much caffeine do you consume / day**:** (coffee, tea, sodas, energy drinks)?

Do you smoke cigarettes? If so, how many / day?

Month/Year of last physical:

Current medical conditions relevant to psychotherapy: (e.g., thyroid disease, chronic Lyme disease)

Current medications:

**Family history of**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | **Family member (self, mom, dad, aunt..)** |
| Anxiety |  |  |  |
| Depression |  |  |  |
| Bi-polar disease |  |  |  |
| Schizophrenia |  |  |  |
| Suicide attempts |  |  |  |
| Alcohol / substance abuse |  |  |  |
| Eating disorder |  |  |  |
| Trauma |  |  |  |
| Other |  |  |  |

**History of previous in-patient or substance abuse treatment, if applicable:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year (approx.)** | **Duration** | **Location** | **Type** | **Was treatment helpful?** |
|  |  |  |  |  |
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|  |  |  |  |  |

History of self-harm, suicide attempts, violence towards others?

Involvement with the legal system (arrests, restraining orders, probation, DUI)?

**Family and Friends**

Please list names of people you live with or have regular contact with

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Live with?** | **Relationship to you** |
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Is there anything else that you feel I should be aware of that is relevant for our work together?