



ALICEN L. HALQUIST, MA, LPC, SEP

INTAKE FORM

| | | | | | |
|--|-----------------|-----------------|--------------------|----------------------------------|-----------------|
| Date | | Referred By: | | | |
| Last Name | | First | | Initial | |
| Address | | City | | State, ZIP | |
| Home Phone | Contact? Y N | Business | Contact? Y N | Cell | Contact? Y N |
| Fax | Contact? Y N | E-Mail | Contact? Y N | Calling Restrictions | |
| Social Security Number | | Date of Birth | | Age | |
| Employer and Occupation | | | | | |
| <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widow | | Spouse | | Child(s) Name/Age | |
| Physician(s) | | 1. | | 2. | |
| | | 3. | | | |
| Medical Problems | | | | | |
| Previous Psychotherapy Experience | | | | | |
| Insurance Company | | | Insurance Adjuster | | |
| Address | | | City, State, ZIP | | |
| Phone | | Name of Insured | | Insured's Social Security Number | |
| Employer | | Group Number | | Identification Number | |

Provide brief answers to the following questions:

1. Your relationship with your family members (i.e. parents, spouse, siblings, children, etc.)?
2. What are your current areas of concern?
3. What are the outcomes you would like to achieve from this treatment?



4. What is your career history?
5. What is your relationship history?
6. Are you in a relationship now? If yes, is the relationship fulfilling?
7. What is your support system (family, friends, community)? Do you feel supported by each?
8. What people have been important resources to you?
9. What are your strengths, capacities and inner qualities you feel you can rely on?
10. What are your limitations?
11. What events have been significant in your life?
12. What do you know about your earliest life experiences, in-utero, birth and early attachment?
13. Provide any additional information you feel would be helpful for Alicen to know.