



INTAKE FORM

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This form requests information about your background and is designed to help you organize your thoughts before your first session. If the client is under 18, please have a parent/guardian complete it. You may add additional pages if necessary. If you have any questions you are welcome to call Melissa Coyle, LCSW-R for clarification. After printing and completing this form as best you can, please bring it with you to your first appointment. Thank you.

Personal Information:

Client Name: _____

Parents Name's if Client under 18: _____

Age: _____ Date of Birth: _____ Gender: _____

Race: _____

Ethnicity: _____

Religion/Spirituality: _____

Marital Status/Are you in a relationship: _____

Please list any children/age: _____

Address: _____

Email: _____ Ok to Email You? _____

Please note email correspondence is not considered to be a mode of confidential communication.

Home Phone: _____ Ok to call? _____ Leave Message? _____

Cell Phone: _____ Ok to call? _____ Leave Message? _____

Emergency Contact/Relationship: _____

Contacts Phone Number(s): _____

Please list other people currently living in you household (please include their name, age and occupation):

Are you a student: _____ Where? _____

What year are you in: _____ Full time or Part time

Highest level of education completed: _____

Are you employed? _____ Full time or Part time

Where are you employed/address/phone: _____

Are you happy at your job? _____

Do you consider your job a source of stress? _____

Psychiatric/Medical History

1. If you have received psychiatric/psychological treatment before, please list the dates, provider name and the issue(s) you were treated for.
2. Are you currently prescribed psychiatric medication? What medication(s) and doses? Who prescribes them (name and number)?
3. Have you been treated with psychiatric medication in the past? When and what medications?
4. Do you have any medical conditions for which you are receiving treatment?
5. Are you on any medications for medical reasons? Please list their names and doses.

Substance Use:

How often do you drink alcohol?

How often do you engage in recreational drug use and which ones?

Family History:

Has anyone in your family been diagnosed with a mental health issue? What diagnoses and whom?

Has anyone in your family been diagnosed with a substance use disorder? What substance and whom?

Psychological Profile:

Are there any situations that consistently make you feel uncomfortable, fearful or anxious? Please describe.

Are there any situations or periods of time when you feel sad, lonely or depressed? Please describe.

Have you ever been physically, sexually, emotionally or verbally abused?

What do you feel are your greatest strengths?

What do you feel are your greatest weaknesses?

Presenting Problems and Goals:

Please describe your reasons for seeking treatment at this time. If there is a particular event which triggered your decision to seek treatment now, please list the event.

What are the goals you hope to achieve during treatment (i.e., How will you determine whether your treatment is successful)?