

Michael Scott MFT

INTAKE FORM

What is causing you to seek Michael's services at this time? _____

What type of therapy are you pursuing with Michael? COUPLES INDIVIDUAL GROUP

Were you referred to Michael Scott? YES NO

If "NO", how did you first hear about Michael Scott? _____

If "YES", who referred you (name or source)? _____

NAME

(PLEASE PRINT CLEARLY)

Last

First

Middle

ADDRESS

Number and Street

City

State

Zip

E-Mail Address _____ May I put you on my mailing list? YES NO

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Birthdate _____ Your age today _____ Today's Date _____

Month/Day/Year

RACE

African American Hispanic
 American Indian Caucasian
 Asian Other

RELIGION

Agnostic/None Protestant
 Buddhist Jewish
 Catholic Other

MARITAL STATUS

Divorced Separated
 Married Single
 Partnered Widowed

GENDER: Male Female

ROMANTIC/SEXUAL ORIENTATION: Heterosexual Gay/Lesbian Bi-Attractional/Bisexual Questioning

Children:

Name Age Sex Live at Home? (Yes or No)

Spouse/Partner

(COMPLETE IF SPOUSE IS NOT ATTENDING THERAPY)

Name _____ Length of time together _____

Age _____ Gender _____ Occupation _____

Address & Phone (if different) _____

Person to Contact in Case of Emergency

Name Phone Number Relationship to YOU

EMPLOYMENT INFORMATION

Name of Employer: _____ Position Title: _____

Address of Employer: _____

Length of time with current employer _____

Insurance Company & Address _____ Gr. No: _____ ID No: _____

Are you currently using any substance (alcohol or other drugs) in a manner, which concerns you or has concerned others who know you? _____

Do you or any member of the family in which you were raised have a history of substance abuse / dependence or mental and/or emotional problems? _____

What are your goals in seeking mental health services? _____

<i>Please rate and comment on the following factors regarding your current level of satisfaction or dissatisfaction on each of the following dimensions.</i>													
Work/ Career	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Romantic Relationship	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Family Relationships	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Friends/ Social Support	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Exercise/ Fitness	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Sex	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Spirituality	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied
Life Goals	0	1	2	3	4	5	6	7	8	9	10	Extremely Dissatisfied	Very Satisfied