

Nourish

counseling

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CLIENT INTAKE FORM

Today's Date: _____

CLIENT AND FAMILY INFORMATION

Client's name: _____ Date of birth: _____

Gender: _____ Age: _____ Ethnicity: _____

Email address: _____

Home address: _____

Phone numbers (please include home, work and cell):

Your occupation and place of employment: _____

Spouse/significant other occupation and name of employment:

Do you live alone? YES NO

If NO please tell me who else resides with you:

Do you drink alcohol or use drugs? Please describe.

What are your three greatest strengths?

- 1)
- 2)
- 3)

What are your weaknesses or areas of improvement?

- 1)
- 2)
- 3)

What are your hobbies or special interests?

Please list/describe any medical concerns, and the doctor(s) providing treatment:

What is most pertinent about your family health history? Please note illness/disorder(s) and member, i.e. breast cancer (mom), autism (brother) etc.

REASON FOR REFERRAL

What is bringing you into counseling at this time? _____

How long has the problem(s) persisted? _____

Are there circumstances that make the problem(s) worse? _____

Are there circumstances that make the problem(s) better? _____

Primary reason(s) for seeking services:

Anger management Anxiety Coping Depression

Eating disorder Fear/phobias Mental confusion Sexual concerns

Sleeping problems Addictive behaviors Alcohol/drugs Hyperactivity

Other concerns (specify): _____

Have you had therapy previously? If so, when and what was the outcome?

Have you ever considered suicide? Yes No

Have you ever attempted suicide? Yes No

If "Yes" to either question, when? _____

How did you learn about my practice? _____

Is there any other important information that might be beneficial to me for counseling?

FOR CLINICIAN USE

Date reviewed and signature: