

BATSHEVA GRUBER-NASS LMFT

HOLISTIC PSYCHOTHERAPY AND NUTRITION

76-01 113 Street, Forest Hills, NY 11375
41 Wyckoff Place, Woodmere, NY 11598
(818)300-1116

www.holistic-psychotherapy.net

BIOGRAPHICAL INFORMATION / INTAKE FORM

I am looking forward to begin our work together. As a way for me to get to know you I would like you to complete this form. This is simply a way to understand you and focus our attention on your needs.

This information is private and confidential, as are all of our sessions. Please complete what you are able to comfortably; we can discuss the rest.

NAME: _____ MALE / FEMALE: _____ TODAY'S DATE _____

DATE OF BIRTH: _____

ADDRESS _____

E-MAIL _____ TELEPHONE: H: _____

W: _____ CELL: _____ OTHER: _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE: _____

EDUCATION: _____ TYPE OF DEGREE _____

BRIEFLY DESCRIBE YOUR REASON FOR SEEKING THERAPY (be as specific as you can: When did it start? How does it affect you? Etc....): _____

PLEASE LIST THE MEMBERS OF YOUR BIRTH FAMILY:

Name	Age	Relationship	Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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WER YOU RAISED IN A HOME WHERE ALCOHOL / DRUGS WERE USED TO THE DETRIMENT OF YOUR FAMILY? (If yes, please explain): _____

HOW MUCH ALCOHOL DO YOU DRINK? _____

ARE YOU INVOLVED WITH SOMEONE WHO HAS A SUBSTANCE ABUSE PROBLEM? _____

IF YES, WHO? _____

FAMILY HISTORY OF VIOLENCE OR EMOTIONAL / PHYSICAL ABUSE (Towards you or other members of your family): _____

ARE YOU AWARE OF BEING SEXUALLY, PHYSICALLY, OR EMOTIONALLY ABUSED? _____

HAVE YOU BEEN IN THERAPY BEFORE? _____

WHEN AND WITH WHOM? _____

DO YOU WANT ME TO CONTACT THEM? _____

CURRENT MARITAL STATUS _____

PAST AND CURRENT RELATIONSHIPS / MARRIAGE(S): (years together, names & statement about the nature of the relationship i.e. friendly, distant, physically / emotionally abusive loving, hostile):

PAST / PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

DRUGS USED, PRESCRIPTION AND OTHER:

Type / Name	Amount	Frequency	Date last used
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PAST / PRESENT ALCOHOL ABUSE (AA, NA, treatments): _____

COFFEE (# _____ cups/day)

CIGARETTES (# _____ per day)

ALCOHOL (# _____ drinks/daily ___ or weekly ___) Date last drank: _____

SUICIDE ATTEMPTS or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc):

WHAT GIVES YOU MOST JOY OR PLEASURE IN YOUR LIFE:

Patient Name _____ Date: _____

Patient Signature _____

05/08