

**Margo M Heintz LPC
New Client Intake**

You will need to print this form prior filling it out.

The purpose of this form is to get some basic information that will help me to best serve your needs. Thank you for taking the time to complete it, and please bring it with you to our first appointment. If 2 people are attending the session I will need both to complete the form.

Date of first appointment_____

Name_____SS#_____DOB_____

Address_____City_____State_____Zip_____

Phone_____

Employed Y N Employer_____

Emergency contact_____Relationship_____

Phone of Emergency Contact_____

Insurance_____Name of Insurance holder_____

Birth date of insurance holder_____Employer_____

Please bring your insurance card with you to our first appointment and come prepared knowing your individual "mental health benefits." If you have a primary and a secondary insurance, please do a coordination of benefits prior to our session.

Relationship Status

___Single ___Engaged ___Married ___Separated ___Divorced ___Remarried Duration_____

Children/ages_____

Step Children/ages_____

Reason(s) for seeking counseling_____

How long have you been experiencing the issue(s) for which you are seeing counseling

On the scale below, please circle to indicate how your issue(s) impact your everyday functioning

(0= no impact) 0 -----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 (10=extremely impacting my life)

Are you experiencing significant changes in any of the following areas? If yes, please briefly explain.

Y N Physical _____

Y N Emotional _____

Y N Sleep _____

Y N Eating _____

What are some of your strengths and coping skills _____

Medical History:

Are you taking any medications ___Yes ___No

If yes, what and why _____

Are you currently experiencing any medical issues that may be impacting your mental health Y N

If yes, please explain _____

Have you ever suffered a traumatic head injury Y N

If yes, please explain _____

Alcohol use Y N If yes please describe _____

Drug use Y N If yes please describe _____

If you answer yes to any of the following, please explain (you may choose to decline to answer at this time by circling 'D')

Y N D Legal History _____

Y N D Physical Abuse History _____

Y N D Sexual Abuse History_____

Y N D Emotional Abuse History_____

Y N D Religious Beliefs_____

Family of Origin:

Briefly describe the way it felt growing up in your childhood home(s). Please include the relationship between your parents and the relationship between parents and children.

Describe any pivotal points, people and/or significant events during your childhood that impacted you (i.e. divorce/remarriage, substance abuse, death of a loved one, a family move, an injury/illness, role in the family, etc.)

Please tell me how you found me.

_____Referral (if so, who referred you to my office_____)

_____Internet

_____Other _____