This form helps begin to make connections between life events and current issues; it is confidential, completion is voluntary, but the more detailed it is, the more accurate will be the treatment. Please fill in online if possible, if not please print and send back to me

**New Client Intake Form**

**PERSONAL DETAILS:**

**Name: Date of Birth:**

**Address:**

**Telephone: Mobile:**

**Email address:**

**General Practitioner - name and surgery address:**

**Name of next of Kin: Their contact number:**

**Your Occupation if you have one and briefly what it entails:**

**How did you hear about me? (if Chrysalis Effect please indicate where you are on the programme)**

**PAST MEDICAL HISTORY**

**What was your birth like?** (if you know – e.g forceps, caesarean, induced, etc. Had your mother lost a baby before you?/was she stressed for any reason?)

**Have you ever had any chronic childhood illness/operations/been in hospital** Please list when and what.

**What is your main issue/condition? Have you been diagnosed with anything else?**

**What medications/ supplements do you take presently?** (you may need to list separately if many)

**Have you ever had any contact with a mental health practitioner and if so when and what for?**

e.g. Counsellor, Psychotherapist, Psychiatrist, CBT etc

**Habits**

Do you smoke? Yes/No/Past

If yes how many do you smoke a day on average?

If past how long ago since you gave up?

Do you drink Alcohol / take drugs to deal with your problem in any way? Yes/No

If yes, do you ever use alcohol/drugs Yes/No

Is this a problem for you? If yes describe Yes/No

Any other bad habits/addictions which are a problem for you? If yes please specify below Yes/No

**PRESENT CONDITION**

**Please list your MAIN symptom/problem/issue:**

**List any other symptoms that are bothering you:**

**Are there any conflicts, feelings or emotions that could be causing some of your symptoms?**

**What, therapies/specialists have you tried for working on your issues? (list with dates /rating)**

**Has there been any change/improvement so far?**

**FAMILY HISTORY**

**How would you describe your Mother’s personality and your relationship with her?**

(as a child and now, if appropriate)

**How would you describe your Father’s personality and your relationship with him?**

(as a child and now, if appropriate)

**Do you have any step parents and if so when did they come into your life and what influence do you feel they had on you?**

**Do you have siblings and if so where do you come in the family? Briefly explain what sort of relationship you have/had with them.**

**On a scale from 0 - 10, on average how much stress do you believe you were you under as a child?**

**When you were young was there someone you could confide in? If so who was that?**

**Are you currently in a stable relationship? If so please give details. How is that going?**

**If not is there someone who you can confide in emotionally /supports you? If so please give details.**

**Do you have children and if so, how old are they?**

**Please draw your immediate family tree with names and ages**

 **Mother Father**

 **Brother? Sister?**

**you partner?**

 **children?**

**Next to the appropriate person please list any disorders or illnesses that run in your family**

Father:

Mother:

Sisters:

Brothers:

Children:

**SELF-INDUCED PRESSURES**

Please underline or tick any of the following that you feel relate to you;

Need to be good and/or liked Perfectionist High expectations of yourself

Strong drive to be helpful Conscientious Overly responsible

Analytical/ ruminative Self-critical Anxious

Like to be in control Competitive Driven

Resentful Non-confrontational Over-giving

Reliable Low self-esteem Feelings of shame

**Do you find it difficult to express how you feel emotionally? Yes/No please describe**

**How do you deal with stress? e.g. behaviour, symptoms etc**

**Have you any particular current stresses/responsibilities at the moment?**

Please note the following table will expand to fit if you type in the digital version. Please try to keep to 4 pages by deleting the page break tab here (press delete now). **History of stressors: Fill appropriate boxes below:**

 **When What happened at the time and any issues now**

|  |  |  |
| --- | --- | --- |
| Major or minor traumas/pressures during childhood |  |  |
| Major or minor traumas/pressures during teenage years |  |  |
| Change in family unit during childhood/teenage years |  |  |
| Accident or injury |  |  |
| Change in relationship or marriage |  |  |
| Difficulties or change in job |  |  |
| Gain/change in family setup |  |  |
| Change in financial/living situation |  |  |
| Violent experiences |  |  |
| Relationship difficulties with friend/colleague/family member/neighbour |  |  |
| Religious pressures |  |  |
| Illness or death in the family |  |  |
| Legal problems |  |  |
| Anything else? |  |  |

**Thank you!**