

**INTAKE INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Single       Married       Separated       Divorced       Widowed       Live W/ Partner

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR BILLING PURPOSES:**

I hereby authorize the release of any information necessary for third-party claim submission and/or payment for services, including use of a collection agency. In the case of default of payment, I agree to pay any collection costs and reasonable attorney fees incurred to effect collection of this account. I authorize payment of third-party benefits to Michael Rogell, Ph.D. for psychological services. I understand that I am responsible to pay Dr. Rogell for all sessions, including No Show Appointments. A No Show Appointment is a cancellation with less than 24 hours notice.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Fee Per 45-50 Minute Session: \$120.00

Fee Per 75 Minute Session: \$180.00

INTAKE INFORMATION

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Why are you seeking treatment at this time? (use the back of this page, if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION:**

Current Marital Status: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ widowed

How many times have you been married? \_\_\_\_\_

If currently married, Name of spouse \_\_\_\_\_ Age of spouse \_\_\_\_\_

Occupation of spouse \_\_\_\_\_

Marital History:

**First Marriage:**

How old were you when you first married? \_\_\_\_\_

How long have you been (or were you) married? \_\_\_\_\_

If divorced, how long have you been divorced? \_\_\_\_\_ Who initiated the divorce \_\_\_\_\_

**Second Marriage:**

How long have you been (or were you) married? \_\_\_\_\_

If divorced, how long have you been divorced? \_\_\_\_\_ Who initiated the divorce \_\_\_\_\_

**Third Marriage:**

How long have you been (or were you) married? \_\_\_\_\_

If divorced, how long have you been divorced? \_\_\_\_\_ Who initiated the divorce \_\_\_\_\_

**Children:** Number of children: \_\_\_\_\_ Number of daughters and their ages: \_\_\_\_\_

Number of sons and their ages: \_\_\_\_\_

Number of step-sons and their ages: \_\_\_\_\_

Number of step-daughters and their ages: \_\_\_\_\_

**FAMILY OF ORIGIN:**

**Father:** \_\_\_ living \_\_\_ deceased His age: \_\_\_\_\_ His age at death: \_\_\_\_\_ Your age at his death: \_\_\_\_\_

Three words to describe my father: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Mother:** \_\_\_ living \_\_\_ deceased Her age: \_\_\_\_\_ Her age at death: \_\_\_\_\_ Your age at her death: \_\_\_\_\_

Three words to describe my mother: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you remember being frightened of your father? \_\_\_yes \_\_\_no

Do you remember being frightened of your mother? \_\_\_yes \_\_\_no

Do you remember your mother being frightened of your father? \_\_\_yes \_\_\_no

Do you remember your father being frightened of your mother? \_\_\_yes \_\_\_no

If living, are your parents still together? \_\_\_yes \_\_\_no. If "no" how old were you when they divorced? \_\_\_\_\_

**Siblings:** How many brothers do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

How many sisters do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

How many step-brothers do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

How many step-sisters do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

How many half-brothers do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

How many half-sisters do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

Does anyone in your family have a history of emotional problems or counseling? \_\_\_yes \_\_\_no

Who has had the difficulties and what was their problem? \_\_\_\_\_

**INTAKE INFORMATION**

Has anyone in your family ever attempted or committed suicide? \_\_\_yes \_\_\_no. Who and when? \_\_\_\_\_

Have you ever thought of, or attempted suicide, even if you weren't "that serious"? \_\_\_yes \_\_\_no.  
If "yes", how many times? \_\_\_\_\_  
When? \_\_\_\_\_

**Please give a brief description of your childhood** (use the back of this page, if needed): \_\_\_\_\_

**Education:** Please list your highest level of achievement (High School, Trade School, College, etc). \_\_\_\_\_

**PAST TREATMENT HISTORY:**

Have you ever been in therapy before? \_\_\_Yes \_\_\_No  
Therapist(s) and approximate dates of treatment: \_\_\_\_\_

What was helpful about therapy? \_\_\_\_\_

What could have been more helpful? \_\_\_\_\_

Have you every been hospitalized for mental health reasons? \_\_\_yes \_\_\_no  
Please list dates, places and reasons for hospitalization: \_\_\_\_\_

**MEDICAL HISTORY:**

Any illnesses or medical conditions? \_\_\_\_\_

Please list the medications you are taking and dosages (prescription and over the counter): \_\_\_\_\_

**Abuse and Addiction History:**

Have you ever been treated for a substance abuse problem? \_\_\_yes \_\_\_no  
Please list where you were treated and when: \_\_\_\_\_  
Do you drink alcohol? \_\_\_yes \_\_\_no How often? \_\_\_\_\_  
When you drink, what do you usually drink? how much? \_\_\_\_\_  
Do you use any other drugs? \_\_\_yes \_\_\_no. If yes, Which one(s)? \_\_\_\_\_  
How often? \_\_\_\_\_

INTAKE INFORMATION

Do you smoke cigarettes? \_\_\_yes \_\_\_no. How much do you smoke? \_\_\_\_\_

Does anyone in your family have a history of abusing or being addicted to anything? (e.g.: alcohol or other drugs; sex; gambling; work; internet; relationship; anger etc...)? \_\_\_yes\_\_\_no.

Who was it? What has been abused/the addiction? \_\_\_\_\_

Would you consider yourself, spouse, or family member to be currently abusing or addicted to anything (e.g.: alcohol or other drugs; sex; gambling; work; internet; relationship; anger etc...)?

Self: \_\_\_yes \_\_\_no Spouse \_\_\_yes \_\_\_no Mother \_\_\_yes \_\_\_no Father \_\_\_yes \_\_\_no; Sibling(s)\_\_\_yes \_\_\_no

Who? What is abused/the addiction \_\_\_\_\_

Has there been any verbal or physical harassment, intimidation or abuse in your life as a child, or adult?

\_\_\_yes\_\_\_no. If so, when? By who? For how long did it continue? Is it still continuing? \_\_\_\_\_

Have you ever been verbally or physically intimidating, or abusive toward a child or adult? \_\_\_yes \_\_\_no.

If so, toward whom? When? \_\_\_\_\_

Has there been any sexual harassment, intimidation, or abuse in your life as a child, or adult?\_\_\_yes \_\_\_no

If so, When? By who? For how long did it continue? \_\_\_\_\_

Have you ever had sexual contact with a relative? \_\_\_yes \_\_\_no. With whom, and at what ages? \_\_\_\_\_

**Military History:**

Have you ever served in the military? \_\_\_yes \_\_\_no. What branch? \_\_\_\_\_

Dates of service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Where stationed? \_\_\_\_\_ MOS/AFSC \_\_\_\_\_

Were you ever in combat? If so, when? Where? \_\_\_\_\_

**Legal History:**

Check any that apply: \_\_\_divorce \_\_\_drinking or drug related arrest \_\_\_criminal \_\_\_automobile related \_\_\_protective services \_\_\_custody \_\_\_adoption \_\_\_personal protection order \_\_\_other (describe) \_\_\_\_\_

Are you on probation now?\_\_\_yes\_\_\_no. If yes, for what? \_\_\_\_\_

Is your treatment a condition of probation?\_\_\_yes\_\_\_no.

Please list your hobbies and activities: \_\_\_\_\_

For each statement, please check the answer which, in general describes you:

- 1. I feel angry easily:                    \_\_\_True \_\_\_False
- 2. I feel guilty a lot:                    \_\_\_True \_\_\_False
- 3. I feel sad a lot:                        \_\_\_True \_\_\_False
- 4. I am easily embarrassed:            \_\_\_True \_\_\_False
- 5. It is difficult for me to say "no":    \_\_\_True \_\_\_False
- 6. I don't care what others think of me: \_\_\_True \_\_\_False
- 7. I'm very nervous and Jumpy:        \_\_\_True \_\_\_False

**INTAKE INFORMATION**

- 8. I often feel helpless:                   \_\_\_ True \_\_\_ False
- 9. I express anger easily:               \_\_\_ True \_\_\_ False
- 10. I am always apologizing:           \_\_\_ True \_\_\_ False
- 11. I cry easily:                           \_\_\_ True \_\_\_ False
- 12. I am too considerate:               \_\_\_ True \_\_\_ False
- 13. I am very self conscious:           \_\_\_ True \_\_\_ False
- 14. I do whatever I want:               \_\_\_ True \_\_\_ False
- 15. I trust others too much:           \_\_\_ True \_\_\_ False
- 16. I am usually very much in control   \_\_\_ True \_\_\_ False

What would you like help to do or change? \_\_\_\_\_

\_\_\_\_\_

What have you done to try to cope with your problems? \_\_\_\_\_

\_\_\_\_\_

Please list the people in your life who you have considered to be supportive, and those who might support you now \_\_\_\_\_

\_\_\_\_\_

Please rate yourself on the following 10-Point scales. Answer with respect to your emotional and mental condition over the past 2 weeks:



	<b>Low</b>										<b>High</b>
Self Esteem:	1	2	3	4	5	6	7	8	9	10	
Depression:	1	2	3	4	5	6	7	8	9	10	
Anxiety or fear:	1	2	3	4	5	6	7	8	9	10	
Concentration:	1	2	3	4	5	6	7	8	9	10	
Anger:	1	2	3	4	5	6	7	8	9	10	
Guilt:	1	2	3	4	5	6	7	8	9	10	
Sadness:	1	2	3	4	5	6	7	8	9	10	
Loneliness:	1	2	3	4	5	6	7	8	9	10	
Helplessness:	1	2	3	4	5	6	7	8	9	10	