

Ψ Cy-Fair Psychological Associates, PLLC Ψ  
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Houston, Texas 77605  
281/943-9250

CLIENT INTAKE INFORMATION

Please note: your completed form is protected as confidential information.\*

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Client Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male Female

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

Home Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

Cell/Other Phone: ( ) \_\_\_\_\_ May we leave a message?  Yes  No

E-mail: \_\_\_\_\_ May we email you?  Yes  No

\*Please note: Email correspondence is not considered to be a confidential medium of communication.

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

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

Social Security Number: \_\_\_\_\_ Policy Holder's Date of birth: \_\_\_\_\_

Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorization to Release Information:** I hereby authorize release any information necessary to process medical insurance claims and authorize payment of benefits to the therapist for services rendered.

\_\_\_\_\_  
Signature Date

Emergency contact: Mr. Mrs. Ms. \_\_\_\_\_

\_\_\_\_\_  
Relationship Telephone number Alternate telephone number

**~Presenting Problem(s)~**

What is the primary problem or situation for which you are here? \_\_\_\_\_

\_\_\_\_\_

Briefly describe how this problem affects your life: \_\_\_\_\_

\_\_\_\_\_

How long has this situation been problematic for you? \_\_\_\_\_

What significant life changes or stressful events have you experienced recently (e.g. death of loved one, divorce, job loss, health issue, etc.): \_\_\_\_\_

\_\_\_\_\_

**~Family History~**

Birthplace: \_\_\_\_\_

Other places you have lived: \_\_\_\_\_

Were your parents married to each other? \_\_\_\_\_

Mother's marital history: Married \_\_\_\_\_ time(s)    Separated    Divorced    Widowed

Father's marital history: Married \_\_\_\_\_ time(s)    Separated    Divorced    Widowed

Names and ages of your siblings: \_\_\_\_\_

\_\_\_\_\_

Your marital history:    Married                      Separated    Divorced    Widowed    Remarried

                                 Never Married    Significant Other                      Domestic Partnership

Names and ages of children, (and type of relationship if not biological; e.g. step, adopted, foster): \_\_\_\_\_

\_\_\_\_\_

Who presently lives in your home? \_\_\_\_\_

\_\_\_\_\_

**~Education and Employment History~**

Highest level of school completed: \_\_\_\_\_ grade Degree earned: GED AA

BA/BS in \_\_\_\_\_ MA/MS in \_\_\_\_\_ Doctorate in \_\_\_\_\_

Please provide the following information for your current, most, and least favorite employers:

Name of current employer \_\_\_\_\_

Dates of employment (approximate) \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Name of favorite employer \_\_\_\_\_

Dates of employment (approximate) \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Name of least favorite employer \_\_\_\_\_

Dates of employment (approximate) \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**~Legal and Substance Use History~**

Please briefly describe any legal problems within the last 10 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe your history of substance and alcohol use: \_\_\_\_\_

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**~Medical History~**

Please describe any chronic pain you are experiencing: \_\_\_\_\_

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Please list any significant health problems you are currently experiencing: \_\_\_\_\_

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Please list any significant health issues you have had (e.g. concussion, coma, head trauma, seizures, etc.) \_\_\_\_\_

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**~Mental Health History~**

Have you previously experienced significant problems with or received treatment for the following:

Alcohol/Substance Abuse	presently	previously
Anger/Temper	presently	previously
Anxiety	presently	previously
Depression	presently	previously
Domestic Violence	presently	previously
Eating Disorders	presently	previously
Learning Problems	presently	previously
Obsessive Compulsive Behavior	presently	previously
Psychoses/Schizophrenia	presently	previously
Suicidal Thoughts	presently	previously
Other: _____	presently	previously
Other: _____	presently	previously

If you have history of suicide attempts, please indicate:

First attempt: When: \_\_\_\_\_ Method: \_\_\_\_\_

How the attempt was interrupted: \_\_\_\_\_

Most recent attempt: When: \_\_\_\_\_ Method: \_\_\_\_\_

How the attempt was interrupted: \_\_\_\_\_

If applicable, please list psychiatric medications you have been prescribed, symptoms treated, and approximate dates: \_\_\_\_\_  
\_\_\_\_\_

Please briefly describe psychological services you have received (e.g. "Therapy and medication for depression as a teen."): \_\_\_\_\_  
\_\_\_\_\_

If applicable, please indicate approximate dates and causes for psychiatric hospitalization: \_\_\_\_\_  
\_\_\_\_\_

### **Additional Information**

Briefly describe your faith or religious beliefs: \_\_\_\_\_  
\_\_\_\_\_

What are some of your strengths? \_\_\_\_\_  
\_\_\_\_\_

What are some of your weaknesses? \_\_\_\_\_

\_\_\_\_\_

How do people who know you well tend to describe you? \_\_\_\_\_

\_\_\_\_\_

How do people who are less acquainted with you tend to describe you? \_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish in therapy? \_\_\_\_\_

\_\_\_\_\_

Additional information you would like to share about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_