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401-297-2021

INTAKE INFORMATION: Reviewed together in first session **Date:** _____

First Name _____ Last Name _____

Preferred Name: _____

Address _____

City _____ State _____ Zip Code _____

Birth Date ____/____/____

Gender Identity _____

Preferred Pronoun _____

Primary Phone _____ Leave Message? Y N

Email _____

Referral Source _____

Primary Physician _____

Emergency Contact _____ Phone # _____

Other Relevant Contacts: _____

Questions we may discuss in our first meeting:

I appreciate that you do not know me, and assure you I regard any responses in this form with respect and gratitude. Sharing this information is important. It gives me a great glimpse of who you are, or your child is, as a whole person within the context of many roles. It will help us discuss issues in a very important way.

Why are you seeking support at this time? What do you want to happen?

Have you had past help for this problem?

Is there anyone else in the family (extended family, too) with similar problem?

Who is living at home?

Are you working outside of your home (school counts!)?

Do you have relatives and or other sources of support in the area?

How is your sleep (wakings, can't fall asleep, wake up early, etc)?

Are you eating well?

Do you have sensitivities to light, sound, taste, touch?

Do you use alcohol, marijuana, or other drugs for relief of symptoms, or recreation?

Has anyone ever thought you may have ADHD, Anxiety, or Depression?

Is there anything in your Developmental History that stands out as unusual?

Example: delivery, developmental milestones (language, motor development), emotional trauma?

Is there anything in your Medical History that stands out as unusual?

Example: Chronic conditions (even as a small child), trauma, head injuries, hospitalizations, accidents.

Do you currently suffer from symptoms that are ongoing? What are they?

Stomach aches, headaches, self-critical, always on-the-go?

Are you currently taking any medication? For what purpose?

School History: What types of schools? Did/Do you move a lot? Level of Education?

What are/were your strongest subjects? Did/Do you like them?

What were areas in which you struggled?

What do you do for FUN? Hobbies, Interests, Sports, Music, TV, Gaming, Shopping....

Is it hard to have fun?

What types of friends do you have? Acquaintances, Close, Lots, Few?

Does it feel like a lot of "work" to be with others?

