

THERAPEUTIC GUIDANCE

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Brief Client Self-Assessment / Intake

This form helps me understand what brings you to therapy and prepare for our first meeting. Please answer only what you feel comfortable sharing. You do not need to provide detailed descriptions of traumatic experiences here; we can discuss them together at your pace.

1. Basic Information

Name:

Date of birth:

Pronouns (optional):

Phone:

Email:

Emergency contact /
relationship / phone:

☐ Preferred services: In-person

☐ Telehealth

☐ Either / no preference

How did you hear about
Therapeutic Guidance?

2. What Brings You to Therapy?

What brings you to therapy at this time?

Current concerns - check all that apply:

☐ Anxiety / worry

☐ Stress / burnout

☐ Trauma / PTSD

☐ Grief / loss

☐ Family concerns

☐ Anger / irritability

☐ Life transition

☐ Sleep concerns

☐ Depression / low mood

☐ Panic attacks

☐ OCD / intrusive thoughts

☐ Relationship concerns

☐ Substance use

☐ Self-esteem

☐ Work / school stress

☐ Other: _____

How much are these concerns interfering with daily life?

☐ Not at all

☐ A little

☐ Moderately

☐ Significantly

☐ Extremely

What would you most like to be different as a result of therapy?

3. Mental Health & Treatment History

- Have you participated in therapy/counseling before? Yes / No
- Have you ever been diagnosed with a mental health condition? Yes / No / Unsure
- History of psychiatric hospitalization or intensive treatment? Yes / No
- Currently seeing a psychiatrist or other mental health provider? Yes / No
- Currently taking psychiatric medication? Yes / No
- History of self-harm? Yes / No

If helpful, briefly note previous treatment, diagnoses, medications, or providers:

4. Trauma & Abuse History

You do not need to provide details. You may skip this section or choose 'prefer not to answer.'

■ Have you experienced events or relationships you consider traumatic? Yes / No / Unsure / Prefer not to answer

Have you experienced any of the following? Check all that apply:

- | | |
|--|---------------------------------|
| ■ Physical abuse | ■ Emotional / verbal abuse |
| ■ Sexual abuse / sexual assault | ■ Neglect |
| ■ Domestic / intimate partner violence | ■ Significant or traumatic loss |
| ■ Serious accident / illness | ■ Other traumatic experience |
| ■ Prefer not to answer | |
| ■ Are any of these experiences affecting you currently? Yes / No / Unsure / Prefer not to answer | |

5. Alcohol & Substance Use History

- Current alcohol use? Yes / No
- Current cannabis use? Yes / No
- Current use of other recreational or non-prescribed substances? Yes / No
- Have you ever been concerned about your alcohol or substance use? Yes / No
- Has someone else expressed concern about your use? Yes / No
- History of substance use treatment? Yes / No
- Currently in recovery? Yes / No / N/A

Anything you would like me to know about your substance use history?

6. Legal History

- Currently involved in legal proceedings that may be relevant to treatment? Yes / No
- History of arrest, DUI/DWI, probation, incarceration, custody issues, or other significant legal concerns? Yes / No

If yes, briefly explain if you are comfortable doing so:

7. Current Safety

Please answer these questions so I can understand whether additional support or assessment may be needed.

- In the past month, have you had thoughts of hurting yourself or that you would be better off dead? Yes / No
- Have you ever attempted suicide? Yes / No
- Are you currently having thoughts of harming someone else? Yes / No
- Does anything about your current living situation or relationships make you feel unsafe? Yes / No

Important: This form is not monitored continuously and should not be used for urgent or emergency communication. Current safety concerns will be discussed directly as part of clinical assessment.

8. Additional Information

Current medical concerns, major health conditions, or medications that may affect treatment:

Relationship / family / living situation (optional):

Employment / school status (optional):

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Is there anything else you would like me to know before we meet?

Thank you for taking the time to complete this form. We can review anything you would like to discuss further during your appointment.