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NEW CLIENT INTAKE FORM

Please provide the following information and answer the questions below. Please note that the information you provide here is protected as confidential information.

Name: _____ (LAST, FIRST, MI)

Name of parent/guardian (if under 18 years): _____ (LAST, FIRST, MI)

Birth Date: ___ / ___ / ___ Age: _____ Gender: _____

Marital Status: Single Domestic Partnership Married
 Separated Divorced Widowed

Address: _____
(STREET NUMBER) (CITY) (STATE) (ZIP CODE)

Home Phone: () _____ May I leave a message? Yes No

Cell/Other Phone: () _____ May I leave a message? Yes No

E-mail: _____ May I email you? Yes No

***Please note that e-mail correspondence is not considered to be a confidential medium of communication.**

Referred by (if any): _____

Have you previously received any type of mental health services?

No Yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication?

No Yes, please

list: _____

Have you ever been prescribed psychiatric medication?

No Yes, please list, provide dates and who prescribed: _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health?

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits?

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise? _____

What types of exercise do you participate in?

4. Please list any difficulties you experience with your appetite or eating patterns:

5. Are you currently experiencing overwhelming sadness, grief, or depression?

No Yes, length of time:

6. Are you currently experiencing anxiety, panic attacks, or have any phobias?

No Yes, please specify: _____

7. Are you currently experiencing any chronic pain?

No Yes, please describe: _____

8. Do you drink alcohol more than once a week? No Yes _____ times/wk on average

9. How often do you engage recreational drug use?

Daily Weekly Monthly Infrequently Never

Which drugs? _____

10. Are you currently in a romantic relationship? No Yes, _____ weeks/months/years

On a scale of 1 (poor)-10 (great), how would you rate your relationship? _____

11. What significant life changes or stressful events have you experienced recently?

ADDITIONAL INFORMATION

1. Are you currently employed? Yes, Full-Time Part-Time Temporary No
Please describe the work you do. Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious? No Yes, faith or belief: _____

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weaknesses?

5. What would you like to accomplish out of your time in therapy?

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults: If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Minors/Guardianship: Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if <18)

Today's Date

I agree that I am responsible for payment in the amount of \$_____ per session.

I am responsible for paying the full fee for all appointments cancelled within 24 hours.

Client Signature (Client's Parent/Guardian if <18)

Today's Date