



Biographical Information – Intake Form

Please fill out this biographical background form as completely as possible. It will help in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, leave them blank.

NAME: _____

GENDER IDENTITY/SELF DESCRIPTION: _____

DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONES: Home: _____ Cell: _____

EMAIL: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES:

- Voicemail
- Text
- Email

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

OCCUPATION (former, if retired): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

REFERRAL SOURCE: _____

PRIMARY CARE PHYSICIAN: _____

PCP PRACTICE NAME/LOCATION: _____

INSURANCE PROVIDER: _____

We will take a copy of your card at your first appointment



Autumn Leaf Therapeutic Services

be what you might have been

3857 Wolverine Dr NE, Suite C6 | Salem, OR 97305

Phone: (503) 856-6430 | Fax: (503) 877-1920

Email: AutumnLeafTherapy@gmail.com

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WHAT BRINGS YOU IN TODAY?

HOW LONG HAS THIS BEEN A PROBLEM? _____

MARITAL STATUS:

- Single
- Married
- Divorced
- Dating
- Other: _____

CHILDREN:

- Yes Ages: _____
- No

MEDICAL CONDITIONS

Please give us a copy of your medication list

SLEEP COMPLAINTS

- Trouble falling asleep
- Trouble staying asleep
- Excessive sleepiness during the day
- Snoring
- Unwanted behaviors during sleep, such as _____
- Other, explain _____



PHQ-4

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use “✓” to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

AUDIT-C Questionnaire

1. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily



DO YOU **CURRENTLY** USE ANY OF THE FOLLOWING

- Marijuana
- Illicit substances (ex. Methamphetamine, heroin, medications for which you do not have a prescription) If so, which ones? _____
- Tobacco products (chew, cigarettes etc) If yes, how much per day? _____

HAVE YOU **EVER HAD** DRUG AND/OR ALCOHOL PROBLEM IN THE PAST?

- Yes No

If YES, what substance(s): _____

HOW DID YOU STOP? (check all that apply)

- Inpatient/Residential treatment
- Outpatient therapy/treatment
- Medication
- AA, NA, other anonymous group
- Other: _____

SOCIAL:

Do you have stable housing? Yes No

Do you have social support (Ex. Friends, church, family)? Yes No

Do you have financial stress? Yes No

What are some needs that you have that are not being met right now? _____

DO YOU HAVE A FAITH OR RELIGION? Yes No

Please Describe: _____



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MENTAL HEALTH HISTORY:

PAST DIAGNOSES? Please detail _____

PAST THERAPY? Please detail _____

PAST MEDICATIONS? Please list, unless included in your medication list _____

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

WHAT WOULD MAKE YOUR LIFE BETTER RIGHT NOW? (Include anything and everything you would like to be different) _____

IF THE US GOVERNMENT WERE GOING TO PAY YOU 75K PER YEAR WITH FULL MEDICAL BENEFITS REGARDLESS OF WHAT YOU DID FOR A LIVING (sit at home and watch Netflix, be a Fortune 500 CEO, it doesn't matter), WHAT WOULD YOU CHOOSE TO DO? _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW? _____
