

**“Mira” Mary E. Tessman, MA, LCPC**

Wellspring Healing Arts

410-370-6764

**New Client Intake Form**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Home

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Marital Status \_\_\_\_\_ Gender: M F Other

Pronouns Used: \_\_\_\_\_

E-mail \_\_\_\_\_ Age \_\_\_\_\_

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grew up in \_\_\_\_\_

Religion \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Referred By \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address(City/State/ZIP) \_\_\_\_\_

H-Phone \_\_\_\_\_ W-Phone \_\_\_\_\_

## MEDICAL HEALTH CARE

Current Health: Great Good Fair Poor

Are you currently receiving medical health care? Y N

If yes, where and from whom? \_\_\_\_\_

Health Problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries \_\_\_\_\_

\_\_\_\_\_

Please list all medications, herbs, supplements, and vitamins you are taking and what they are treating.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your sleep? Good Fair Poor

Please

explain \_\_\_\_\_

\_\_\_\_\_

How would you describe your eating habits? Good Fair Poor

Relationship with food and eating? \_\_\_\_\_

Do you own a firearm? \_\_\_\_\_ What type? \_\_\_\_\_ Purpose? \_\_\_\_\_

How & where is it stored? \_\_\_\_\_

## MENTAL HEALTH HISTORY

Have you ever received mental health treatment?    Yes    No

Age    Dates    Condition Treated    Diagnosis    Inpatient or Outpatient

---

---

---

---

---

Are you taking **medications** for mental health at present?    Yes    No

If so, name, dosage, and condition treated:

---

---

---

---

---

**Suicidal History:** Have you had repeated thoughts about wanting to die or committing suicide?    Yes    No

Have you made a suicide attempt?    Yes    No

If so, please explain:

---

---

---

---

**Self-Harm History:** Have you ever harmed yourself on purpose?    Yes

No

If so, please explain:

---

---

---

**Eating Disorder:** Have you experienced disordered eating?    Yes    No  
If yes, describe the age it began, type, treatment, and current status.

---

---

---

---

**Substance & Alcohol:** Do you drink alcohol? \_\_\_\_\_ How many drinks/week? \_\_\_\_\_ Do you use marijuana or other substances? \_\_\_\_\_ How often? \_\_\_\_\_ What purpose? \_\_\_\_\_

Do you have a problem with alcohol or other substances? \_\_\_\_\_

Explain \_\_\_\_\_

Have you attended detox or rehab for alcohol or substance abuse? \_\_\_\_\_

Have you in the past or do you now attend 12-Step meetings? \_\_\_\_\_

**Addictions/Compulsions:** Do you have difficulty controlling any of the behaviors below? \_\_\_\_\_ Highlight, circle, or underline all that apply.

compulsive eating      sex addiction      compulsive shopping

compulsive lying    compulsive shoplifting    hair pulling    masturbation

compulsive gambling    relationship addiction    impulsive anger/violence

compulsive gaming      phone scrolling      television scrolling

**EDUCATION**

How far did you go in school? (Circle the highest grade you completed)

*Grade School    High School    College    Graduate/Professional School*

Major or Area of Study: \_\_\_\_\_

**WORK HISTORY**

List your jobs, age, titles or type of work, why you left and any other special circumstances.

Age From/ To Job Title Reason Left:

---

---

---

---

---

**RELATIONSHIP and MARITAL HISTORY**

Please list your significant partners/spouses and years spent together below.

---

---

---

---

---

## CHILDREN/STEP-CHILDREN

Please list all your children and stepchildren (including deceased) and indicate description of your relationship

Name

Age

Relationship

---

---

---

---

---

## GRANDPARENTS, PARENTS, STEP-PARENTS, SIBLINGS, OTHER CAREGIVERS

Below is a list of major health and behavioral problems that may have happened in your family and which may have had or still have some level of emotional impact on you. **Problem areas may include and not limited to:**

***Substance or Alcohol Misuse, Gambling, Medical Disability, Mental Illness, OCD, Anger, Anxiety, Depression, Workaholic, Unemployed, Food Insecurity, Physically Abusive, Verbally Abusive, Sexual Abuse, Neglectful, Hypercritical, Financial Insecurity, Committed Suicide, Divorced, Runaway, Incarcerated, Died***

List caregiver, problem affecting you, your age when affected, any specific incident:

---



Do you have a gun in your home? \_\_\_\_\_ If so, where do you keep it stored and what is it used for? \_\_\_\_\_

**FINANCIAL/LEGAL**

Do you have any financial problems? Y N

If yes, what problems do you have?

---

---

---

---

---

Do you have any current legal problems? Y N

If yes, what problems do you have?

---

---

---

---

---

Have you had legal problems in the past? Y N

If yes, what problems did you have?

---

---

---

---

---

## SOCIAL/RECREATIONAL

What activities do you engage in for fun?

---

---

---

Do you exercise? Y N If so, what kind and how often?

---

---

---

What do you do to relax?

---

---

---

Who is part of your support system?

---

---

---

Do you attend a support group? Y N Please describe:

---

---

---

What are your goals for therapy?

---

---

---

How will you know if you've achieved these goals?

---

---

---

---

---

### SELF-DESCRIPTION

Circle all that describes you. Add other descriptors that apply.

- Easily bored    Angry    Assertive    Avoidant    Competitive
- Honest    Sexy    Perceptive    Procrastinator    Low Self-esteem
- Dependent    Loner    Anxious    Depressed    Caring    Judgemental
- Hard Working    Con-Artist    Unworthy    Workaholic    Responsible
- Law-abiding    Isolated    Friendly    Athletic    Greedy    Impulsive
- Immature    People pleaser    Intelligent    Shy    Easily frustrated
- Worrier    Happy    Seductive    Outgoing    Lazy    Lonely
- Impatient    Risk Taker    Good person    Critical    Compassionate
- Sad    Powerful    Agitated    Wise    Caregiver    Overachiever
- Humorous    Controlling    Self-loathing    Protective    Generous
- Underachiever    Leader    Controlling    Kind    Fearful    Influencer

