



Nancy Gerlach LCSW, SEP

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## Electronic Biographical Information – Intake Form

*Please fill out (each client) as completely as possible and bring with you to our first session. It will help me in our work together. If you wish, you can either email it back to me at [awakeforlife@outlook.com](mailto:awakeforlife@outlook.com) as an email attachment at least a couple of days prior to the first session. You can also bring it with you to our first session. If you do not choose to answer any question, merely write "Do not care to answer."*

DATE:

NAME:

MALE/FEMALE:

DATE OF BIRTH/PLACE:

AGE:

ADDRESS:

TELEPHONE:

Home:

Office:

EMAIL:

HIGHEST GRADE/DEGREE:

TYPE OF DEGREE:

PERSON AND PHONE NO. TO CALL IN EMERGENCY:

OCCUPATION (former, if retired):

PRESENTING PROBLEMS (Be as specific as you can: When did it start, how does it affect you.):

Estimate the severity of the above problem:

Mild      Moderate      Severe      Very severe

CURRENT: Marital status:

Live with someone:

Name:

Years:

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE/PARTNER:

Education:

Occupation:

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

Specify all MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (Describe: ages, reasons, circumstances, how, etc.)

PAST THERAPY? – How long and was it helpful? Why it ended

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

What gives you most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

What are three goals you want for therapy? How would you know if things were getting better?