Felicia Einhorn, LCSW DCSW LLC

Therapy for individuals, Couples, Families & Groups

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF POLICIES AND PRIVACY PRACTICES

The undersigned acknowledges receipt of a copy of the currently effective Notice of Mental Health Practitioner's Policies and Privacy Practices. A copy of this signed and dated acknowledgement shall be as effective as the original.

Signature Print Name Date

If you are the legal representative of the patient, please print the patient's

Name Authority

Thank you. If you have any questions about this form, or the attached notice please contact Felicia Einhorn LCSW.

15300 Jog Road #109 Delray Beach, FL 33484 | Tel: 561 638-7789

DEMOGRAPHIC INFORMATION

Referred By: Date:

Name:

Address: City, State, Zip

Home Phone#: Cell Phone#:

Date of Birth:

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single Dates of Marriages:

Medical

Internist Phone #:

Psychiatrist Phone #:

Neurologist Phone #:

Pain Management MD Phone #:

PLEASE SEE MEDICATION RECORD PAGE FOR All OF THE MEDICATIONS/SUPPLIMENTS YOU ARE CURRENTLY TAKING

Emergency

Contact: Relationship:

Home Phone: Business Phone:

Cell Phone:

Contact 2: Relationship:

Home Phone: Business Phone:

Cell Phone:

Contact 3: Relationship:

Home Phone: Business Phone:

Cell Phone:

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MEDICAL RECORD

NAME: ___________________________________

DATE	MEDICATION	DOSE GIVEN	FREQUENCY (i.e. 2X PER DAY)	TIME	AM/PM

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MENTAL HEALTH INTAKE FORM

PERSONAL INFORMATION

What is your major complaint?

When did this begin? Have you previously suffered from this complaint?

Previous therapist(s) seen for complaint:

Previous treatment for complaint:

Aggravating factors for complaint:

Relieving Factors:

CURRENT SYMPTOMS: (CHECK THAT APPLY)

☐ Anxiety	☐ Appetite Issues	☐ Avoidance	☐ Crying Spells	☐ Depression	☐ Excessive Energy
☐ Fatigue	☐ Guilt	☐ Hallucinations	☐ Impulsivity	☐ Irritability	☐ Libido Changes
☐ Panic Attacks	☐ Racing Thoughts	☐ Risky Activity	☐ Sleep Changes	☐ Suspiciousness	☐ Loss of Interest

Do you have thoughts of suicide?

Have you made any suicide attempts? If so when?

How?

Do you have thoughts of physically hurting anyone?

Who do you think about hurting?

How would you hurt them?

Have you ever physically hurt anyone?

MEDICAL HISTORY

Previous diagnosis/mental health treatment:

Previously treated by:

Previous medications:

Dates treated:

Describe any neglect you suffered(ing) and by whom?

Trauma suffered and by whom?

Abuse sufferec

Have you ever served in the military? If yes, where?

PRESENT SITUATION

Work: ☐ Full-Time ☐ Part-Time ☐ Student ☐ Unemployed ☐ Disabled ☐ Retired

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Prior Marriages? If yes, how many?

How is your relationship with your partner?

Are you sexually active?

Do you have children? Dates of Birth:

How is your relationship with your child(ren)?

List anyone else who lives with you:

Are you a member of a religion/spiritual group?

What is your level of involvement?

Have you been arrested? When and why?

Have you ever tried any of the following? Check that apply.

☐ Alcohol	Tobacco	Marijuana	Hallucinogens (LSD)	Heroin	Methamphetamines
Cocaine	Stimulants (Pills)	Ecstacy	Methadone	Tranquilizers	Pain Killers

If yes to any, list frequency/dates of use:

Have you ever abused prescription drugs? If yes, which ones?

Have you ever been treated for drug/alcohol abuse? If yes, when?

For which substances?

Do you smoke cigarettes? If yes, how many per day?

Do you drink caffeinated beverages? If yes, how many per day?

What would you like to get out of this therapy?

CHECKLIST OF CONCERNS

Have you ever needed drugs/alcohol to get going in the morning, to function at work or social events, or to cope with withdrawal symptoms? Yes No

Please check any relevant concerns.

THOUGHTS/FEELINGS/MOOD

- Anger/frustration/hostility
- Anxiety, nervousness
- Attention, concentration, distractibility
- Confusion
- Depression
- Disliking Others
- Emptiness
- Euphoria
- Excessive worry
- Failure
- Fatigue
- Fear
- Grieving (death, loss, divorce, etc.)
- Guilt
- Hearing things other people don't
- Homicidal thoughts
- Intrusive thoughts
- Judgement problems
- Memory difficulties
- Negative thoughts
- Obsessive thoughts
- Oversensitivity to criticism
- Oversensitivity to rejection
- Panic attacks
- Perfectionism
- Sadness
- Seeing things other people don't
- Self-centeredness
- Self-esteem
- Shyness
- Spiritual, religious, or moral issues
- Stress
- Sudden mood changes
- Suicidal thoughts
- Suspiciousness
- Temper problems
- Thoughts of hurting self or others

BEHAVIOR

- Aggression, violence
- Alcohol use
- Argumentative
- Avoidant
- Compulsive behavior/rituals
- Controlling
- Decreased/lack of sexual interest
- Dependency
- Destruction of property
- Drug use – prescription, over-the-counter, street
- Eating problems
- Financial problems, debt
- Gambling
- Hyperactivity
- Internet problems
- Irresponsibility
- Isolation
- Legal Problems
- Letting others take advantage of you
- Loss of appetite
- Loss of interest in what I used to like
- Lying
- Not able to relax
- Overeating
- Pornography
- Preoccupation with sex
- Procrastination
- Purging
- Self-destruction/sabotaging
- Self-neglect
- Sexual dysfunction
- Sleep difficulty
- Smoking
- Stealing
- Threats
- Weight gain/loss
- Withdrawal from others

FAMILY & RELATIONSHIPS

- Affair
- Childhood Issues (your childhood)
- Divorce
- Friendships
- Housework / Chores
- Interpersonal conflicts
- Parenting
- Problems with child(ren)
- Problems with parents
- Problems with spouse/partner
- Separation

ABUSE

- ☐ Abuse of alcohol
- ☐ Abuse of drugs
- ☐ Emotional abuse by another
- ☐ Emotional abuse of another
- ☐ Financial abuse
- ☐ Neglect
- ☐ Physical abuse by another
- ☐ Physical abuse of another
- ☐ Sexual abuse by another
- ☐ Sexual abuse of another
- ☐ Verbal abuse

WORK & SCHOOL

- ☐ Absenteeism
- ☐ Career concerns, goals, choices
- ☐ Difficulty with co-workers
- ☐ Difficulty with supervisor
- ☐ Performance
- ☐ Tardiness
- ☐ Procrastination
- ☐ School problems

OTHER CONCERNS

☐ I have no problems or concerns bringing me here.

The information requested in this form will be kept confidential.