

# INTAKE FORM

Cort Gravengood Psychotherapy and Counseling

[cgravy@msn.com](mailto:cgravy@msn.com) 702.469.2166

*If you would like to fill this form out now and send it back, we can then make an appointment at your convenience. If you'd prefer to complete it in the office with my guidance, then please call to make an appointment.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Most Pressing Issue \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Previous Treatment (*Place, Duration & Year*)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Primary Care Doctor (M.D.)

Name \_\_\_\_\_ Office Phone: \_\_\_\_\_

Referred by (if any): \_\_\_\_\_

**Physical and Emotional Levels of Interest**

<b>Physical Conditions</b>	<b>Poor</b>	<b>Unsatisfactory</b>	<b>Satisfactory</b>	<b>Good</b>
1) Overall Health	_____	_____	_____	_____
2) Sleeping Habits	_____	_____	_____	_____
3) Appetite	_____	_____	_____	_____
4) Depression Levels	_____	_____	_____	_____
5) Anxiety Levels	_____	_____	_____	_____
6) Living Conditions	_____	_____	_____	_____
7) Social Levels	_____	_____	_____	_____

**Present Medications (Name and Dosage)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Family Mental Health History:** In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	<b>Please Circle</b>	<b>List Family Member</b>
Alcohol/Substance Abuse	yes / no	_____
Anxiety	yes / no	_____
Depression	yes / no	_____
Domestic Violence	yes / no	_____
Eating Disorders	yes / no	_____
Obesity	yes / no	_____
Obsessive Compulsive Behavior	yes / no	_____
Schizophrenia	yes / no	_____
Suicide Attempts	yes / no	_____

1048 Goodlette-Frank Rd. #201 Colonial Square Complex Naples, Florida 34102

702.469.2166

[cgravy@msn.com](mailto:cgravy@msn.com)