Holly Barnes, M.Ed., MA, NCC, LPC
Psychotherapist
720.259.9631
Kintsugi Integrative Wellness
KintsugiIntegrativeWellness@gmail.com

Confidential Client Intake Form for Kintsugi Integrative Wellness

Name:_____

Date of Birth: _____ Age: _____ Gender: _____

Marital/Relational Status: _____ Partner/Spouse Name: _____

Children (names and ages): _____

Others living in your home: _____

Occupation: _____ Highest Level of Education: _____

Annual Income: _____

CONTACT INFORMATION

Address: _____

Email Address: _____

Phone number(s): _____

May I leave a message? _____ If yes, at which phone number?_____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Address: _____

Phone: _____

REFERRED BY (if anyone):_____

May I add you to my email list so I can share news and other info with you? Yes _____ No _____
(emails are safe and never shared)

Kintsugi
INTEGRATIVE WELLNESS

PAST YEAR CHECKLIST

Only respond to those areas that apply to you. Please rate the level of distress these issues have caused you in the past year:

0	1	2	3	4
None	Minor	Moderate	Considerable	Extreme

____Sleeping Too Much/Too Little
____Eating Too Much/Too Little
____Mood Swings
____Angry Outbursts
____Depression
____Repetitive Behaviors
____Anxiety/Fear
____Lack of Energy
____Hear/See things others cannot
____Suicidal Thoughts/Actions
____Concerns regarding family
____Education/Work Concerns
____Financial Concerns
____Caring for others
____Sexual Identity Conflict
____Cultural Concerns

____Physical/Emotion/Sexual abuse
____Drug/Alcohol (self or other)
____Loneliness
____Caring for others
____Distance from Loved Ones
____Death loss
____Past trauma
____Health Problems
____Sexual Problems
____Relationship Problems
____Legal Difficulties
____Major life transition
____Concerns regarding family
____Gender Identity Conflict
____Experienced Discrimination
____Religious Conflicts

EXPECTATIONS FOR THERAPY

What brings you to seek therapy now and what do you hope to gain?

_____

_____

_____

What are your concerns about therapy?

_____

_____

_____

If you have had an experience with therapy in the past, briefly describe what worked for you and what didn't work?

_____

_____

_____

What significant life changes or stressful events have you experiences recently?

_____

_____

_____

MEDICAL AND MENTAL HEALTH TREATMENT INFORMATION

Please describe your physical and mental health including significant hospitalizations, illnesses, and/or discomfort.

_____

_____

_____

Are you currently receiving other mental health services or medical treatments?

_____

_____

Are you currently taking any prescription medication? If yes, please list: _____

Have you been prescribed psychiatric medication? If yes, please list: _____

SAFETY ASSESSMENT

Have you ever given serious consideration to, or attempted to end your own life?

_____

Last Occurrence:

_____

If yes, do you currently feel this way? Have a plan?

_____

_____

Have you ever given serious consideration to, or attempted to harm another person?

_____

Last Occurrence: _____

If yes, do you currently feel this way? Have a plan?

_____

_____

SUBSTANCE ABUSE

Do you currently use tobacco, alcohol, or other drugs?

_____

Substance	How much and how often?	Past Use
_____	_____	_____
_____	_____	_____

(If applicable) When you used the most, how much did you use?

_____

Past Substance Abuse Treatment? _____

LEGAL HISTORY

Are you involved in the legal system or have you had significant legal issues in the past? If so, please describe.

_____

_____

FAMILY INFORMATION

Please provide a brief family history. Describe family of origin and your current family dynamics:

_____

_____

_____

_____

_____

_____

RELATIONSHIPS WITH OTHERS

Please describe the important people in your life and the quality of these relationships:

Have you now or ever experienced violence, abuse, or threatening behavior in a relationship?

TRAUMA HISTORY

Please list any past traumatic experiences you have had (including but not limited to childhood abuse, military combat, assault, natural disasters, life threatening illness).

STRENGTHS AND RESOURCES

What helps you get through difficult times? How do you cope?

Who can you count on for support in times of need?

Do you exercise? How often and what do you do?

What gives you personal enjoyment?

Tell me about special skills or abilities that you have.

What communities are you a part of?

Do you have religious practices or spiritual beliefs that are important to you?

Is there anything else you think I should I know?