

### Intake: Client Psychosocial History and Status

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Briefly describe your reason for coming to see me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about me? \_\_\_\_\_

What is your religious affiliation? \_\_\_\_\_ None

Education/Degrees: \_\_\_\_\_

Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How Long? \_\_\_\_\_

If not employed, how long has it been since you worked? \_\_\_\_\_

What kind of job did you have? \_\_\_\_\_

What caused you to stop working? \_\_\_\_\_

Relationship Status:  Single  Married  Divorced  Separated  Widowed  Living Together

#### Current and Past Significant Relationships

To Whom	Length of Relationship	Ending Date of Relationship	Children together
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your current relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Age of current spouse/partner: \_\_\_\_\_ Religion: \_\_\_\_\_

Education/degrees? \_\_\_\_\_ Occupation: \_\_\_\_\_

Is he/she currently employed?  Yes  No How Long? \_\_\_\_\_

Has your partner had previous significant relationships?  Yes  No Number of times: \_\_\_\_\_

How long since his/her last one? \_\_\_\_\_

Number of children from previous relationship: \_\_\_\_\_ Ages of children: \_\_\_\_\_

**With whom are you currently living?**

Name	Relationship	Age	Use of Alcohol/ Drugs?	How do you get along?

**Extended Family: Parents, Siblings, And Others Close To You**

Name	Relationship	Age	Occupation	Challenges: i.e. Alcohol, History Mental Illness

How was it to grow up in your family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

When were you last examined by a physician? \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

List any health problems for which you currently receive treatment: \_\_\_\_\_  
\_\_\_\_\_

List any past health problems including accidents: \_\_\_\_\_  
\_\_\_\_\_

List any medications you currently take: \_\_\_\_\_

### Women only:

How many pregnancies have you had? \_\_\_\_\_ Are you pregnant now?  Yes  No

Any miscarriages or abortions?  Yes  No How many? \_\_\_\_\_

### Men and women:

Are you sexually active?  Yes  No Beginning at what age? \_\_\_\_\_

Do you use birth control methods?  Yes  No If yes, what? \_\_\_\_\_

Have you ever had concern about eating habits?  Yes  No

## Psychological/Emotional Information

Have you ever sought help or been treated for psychological or emotional reasons?  Yes  No

If so, when and where? \_\_\_\_\_

Was it helpful? \_\_\_\_\_

Have you ever thought about suicide?  Yes  No If so, did you have a plan?  Yes  No

Have you ever attempted suicide?  Yes  No If so, how many times? \_\_\_\_\_

### Alcohol/drug use history

Do you feel you have a drug or alcohol problem?  Yes  No

Have you ever had any previous treatment for drug / alcohol abuse?  Yes  No

If so, when and where? \_\_\_\_\_

List all drugs, including alcohol, that you currently use, or have used in the last year (indicate frequency and amount): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal**

Please list and describe any arrests or legal problems (including driving violations): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Circle any problem that pertains to you at the present:**

- |              |                     |                   |              |
|--------------|---------------------|-------------------|--------------|
| Anger        | Education           | Sexual Problems   | Work         |
| Drug Use     | Loneliness          | Bowel Troubles    | Relationship |
| Fatigue      | Ambition            | Stomach Problems  | Divorce      |
| Finances     | My Appearance       | Suicidal Thoughts | Future       |
| Friends      | Concentration       | Nightmares        | Temper       |
| My thoughts  | Parenthood          | Health Problems   | Age          |
| Nervousness  | Relaxation          | Making Decisions  | Stress       |
| Self-esteem  | Sexual Orientation  | Physical Abuse    | Anxiety      |
| Separation   | Energy              | Inferiority       | Appetite     |
| Sexual Abuse | Children            | Career Choices    | Weight       |
| Shyness      | Legal Matters       | Self Control      | Memory       |
| Sleep        | Under / Over-eating | Alcohol Use       | Overeating   |
| Unhappiness  | Depression          | Headaches         | Fears        |
- Other: \_\_\_\_\_

**Circle everything that has happened to you in the past three years:**

- |                                       |                                     |                                |
|---------------------------------------|-------------------------------------|--------------------------------|
| Death of a spouse/partner             | Relationship Problems               | Changes in relationship status |
| Death of another family member        | Family Problems (Children, in-laws) | Loss of Job                    |
| Major illness or injury–yourself      | Financial Problems                  | Move to another city or state  |
| Major illness or injury–family member | Legal Problems                      | Other: _____                   |

**Please list any additional information that you feel may be helpful for me to know about you:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Office Policy and Financial Responsibility Statement

## I UNDERSTAND THAT:

- Therapy sessions are **50 minutes** in length and are billed at **\$145.00 per session**. Extended sessions are billed proportionately. Payment of cash, check or credit card is due at each visit.
- Sessions of late arrivals will end on time and be billed the full fee.
- The rate of \$145.00 will also apply to time spent on providing special services, such as telephone sessions, phone calls, case consultations, and time spent discussing treatment with other authorized professionals.
- Jeri Kramer does not communicate with clients via text messages or social media platforms. Communication outside of therapy sessions is best done via her encrypted email account or phone.
- With the exception of Blue Cross Blue Shield, Jeri Kramer does not participate with third party payers, such as managed care organizations and insurance companies. By signing this form, I am agreeing to pay the entire bill at the time of service. If requested, I may receive a "super-bill" as a receipt to submit to a third party payer.
- **I must give 24-hour notice of appointment cancellation or I will be billed in full. MONDAY appointments must be cancelled by Friday at 5:00pm.**

initial \_\_\_\_\_

I understand that I am financially responsible for any and all charges incurred for the treatment of the above-named. I have read the above office policy regarding length of sessions, late arrivals, charges, missed appointments, etc. **I understand and agree to the stated terms.**

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Signature of Client (or Parent of Minor child)

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Date

## Consent for Evaluation and Treatment

Your signature below indicates that you have received a copy of the INFORMED CONSENT from my website ([www.jerikramer.com](http://www.jerikramer.com)), and that you agree to abide by these terms during our professional relationship.

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Name of client

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Signature of client (or guardian if client is a minor)

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Date