
Intake Information & First Assignment (to be completed by client)

Phone (d) _____ (eve) _____ Email _____

Last Name _____ First _____ Birthdate _____ Age _____

Mailing Address _____ (include zip)

Name, age, and relationship of any significant other _____

Names and ages of any children or stepchildren _____

Names and ages of your parents _____

Names and ages of brothers and sisters _____

In case of emergency call _____ Relationship _____

Doctor's name and number _____ Social Security # _____

List current medications and purpose for taking them (include prescription and over-the-counter drugs, herbs, supplements, etc.)

Where did you hear about me? _____ May I thank them for the referral? _____

YOUR FIRST ASSIGNMENT:

It may help to think of this intake form as your first homework assignment. It's designed to give you a chance to look at your life in some new ways. It's also a great way for me to get to know a lot about you before we meet. That means when you get here, you won't have to start from scratch. I'll already have a good sense of who you are, where you've come from, how you see yourself, and what you're hoping to accomplish through our work together. This saves you time and money.

Please fill in the following questions and mail or email your completed assignment to me before our first session. Before you begin, make sure you've cleared your schedule so you have plenty of time to answer the questions and won't be interrupted by calls or other distractions. Answer each question with the first uncensored thought that springs to mind. If a question stirs up a strong image, a surprising feeling, or a forgotten memory, make a note. Assume each of these is important. If you're coming to see me with a partner, I encourage you to discuss your responses with each other. I look forward to working with you.

FAMILY:

What we *learn* we *practice* and what we *practice* we *become*. - Ernie Larsen

LEARN 1. What messages — explicit or implicit — did you *learn* from your family? Examples: *Don't trust anyone; expressing feelings is dangerous; relationships don't last; use depression, alcohol, work to distance people.*

PRACTICE 2. As a result of what you learned, what have you *practiced* or become good at? Examples: *Leaving relationships before I get left; giving in to avoid conflict.*

BECOME 3. As a result of what you've practiced what have you *become*, and what have you missed out on? Examples: *A self-sufficient loner; I've missed out on intimacy.*

4. What role did you play in your family of origin? Examples: *The smart one; the peacemaker; daddy's little girl; the troublemaker.*

5. How has that role shaped your personality — for better *and* for worse? Examples: *Being "good" taught me to recognize others' needs but not my own.*

6. While you were growing up, were any of your family members chemically dependent (including alcohol)?

7. How about today? Are you or any members of your family of origin or immediate family chemically dependent?



8. Growing up, how could you tell your mom/dad was angry or disapproved of you?

Mom _____

Dad _____

9. How could you tell when your mom/dad was feeling love or tenderness toward you?

Mom _____

Dad _____

10. How did your parents express negative *and* positive feelings toward *each other*?

Mom _____

Dad _____

OCCUPATION:

1. What kind of work do you do now and what *in particular* is good about it?

2. What would you need to have, be, or do to make your work more satisfying?

PERSONAL LIFE:

1. List 3 activities you love, how often you do them, and what *in particular* you love about them.

Activity: How often you do it: What you love about it:

1. _____

2. _____

3. _____

2. Who do you love, and how do you show it (notes, calls, hugs, words, food, etc.)?

3. How do you show negative emotions (pout, withdraw, get sarcastic, yell, etc.)?



4. When was the last time you said you were sorry?

5. Who are your cheerleaders, and what unique gifts do you get from each of them? Examples: *Chris - patience, food, unconditional love; Lauren - structure, clarity, advice.*

6. Who do you laugh with? How often?

7. Who do you cry with? How often?

8. What do you do to regain a sense of balance and perspective? How often? With whom? Examples: *Play guitar, take a long walk, call a friend, journal.*

9. Have you ever been sexually or physically abused? (If yes, by whom? When?)

HEALTH:

1. Describe your general state of mental, physical, and spiritual health.

2. Have you or any of your family members ever suffered from depression or any other form of mental illness? Explain. (List dates, treatment, hospitalizations, if applicable)

3. Are you currently feeling suicidal?

4. Have you ever felt suicidal? Explain. (List dates, treatment, hospitalizations, if applicable)

5. List any previous experiences with therapy and describe positives and/or negatives.



6. Are you current seeing any other mental health professional or doctor? Explain.

7. Describe your use of alcohol and other mood-altering drugs. (Specifically, how often, how much, and under what circumstances do you use them?)

8. How much caffeine do you use daily? Include coffee, tea, caffeinated sodas.

COMPLETE EACH ANSWER BY WRITING DOWN THE FIRST THING THAT POPS INTO YOUR HEAD:

I'm such a ... _____

All my life I've ... _____

It's hard for me to admit (or say) ... _____

I'm grateful to my mom for ... _____

I'm grateful to my dad for ... _____

My mom thought my dad was ... _____

My dad thought my mom was ... _____

If I weren't afraid, I'd ... _____

My spiritual beliefs _____

The person who knows me best would describe me as _____

RELATIONSHIPS:

1. Describe a typical pattern from childhood that characterizes your parents' relationship to each other. Example: *Mom was always the "bad guy" and Dad was the "rescuer."*

2. Describe a typical pattern from your adult life that characterizes your way of relating to a partner. Example: *I pick people who are initially attracted to, but ultimately threatened by, my strengths. They end up criticizing me and I end up resenting them.*



3. How has your parents' relationship influenced your own behavior with significant others?

GOALS:

1. Imagine that tonight, after you go to a sleep, a miracle occurs. You wake up in the morning and your life is "perfect." What's the first thing you notice that tells you things are radically different?

2. How would this change improve your life?

3. If you are seeing me with a partner, what is your specific relationship goal? Describe it in *positive, behavioral* terms. Example: *Instead of, "I'd like Pat to stop giving me the 'silent treatment,'" you might say, "I'd like Pat to tell me right away when there's something wrong, and I'd like to be able to listen without getting defensive."*

4. What are your strengths? If you're seeing me with a partner, what are your partner's strengths?

5. Write down one personal therapy goal you'd like to work on. Example: *I'd like to be able to put my own needs first without feeling guilty.*

6. How committed are you to doing whatever it takes to achieve your goal on a scale of 1 to 10 (1 – not very, 10 – very)? What, if anything, would increase your level of commitment?

7. Are you willing to devote at least 3 hours/week between sessions to working on your goal?

Thanks for completing this questionnaire.
If completed electronically, please email it to john@johnabecker.com.
If completed in writing, please mail it to 409 Plymouth Road, Suite 150, Plymouth, MI 48170.