



KAREN OUSE, M.A.

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Client Contact and Intake Form

(Please fill out and bring form to your first appointment.)

Client name(s): _____

Address: _____

Home Ph: _____ Work: _____ Cell: _____

Birthdate(s): _____

Emergency contact: _____ Phone: _____

Email: _____

Occupation: _____

What are your goal(s) for therapy?

What is interfering with your life right now? _____

What have you found to be helpful to manage past/current issues?

What are some areas of your life that you feel good about?

What is your previous experience with psychotherapy, if any, or other healing modalities? _____

Medical history (past and current medication, surgeries, medical health issues, name of PCP (please include any substance use issues): _____

Have you ever attempted suicide/are you feeling suicidal? If so, were you hospitalized (please include dates)? _____

Please share anything about your Family of Origin (FOO) that you want me to know ahead of time (e.g. physical, verbal, sexual, or substance abuse; birth order; sibling dynamics; divorce; death in the family): _____

Is there anything else about yourself you would like me to know (e.g. current relationship, sexual orientation, cultural/spiritual practices, interests)?

Thank you!