



KAREN OUSE, M.A.

9515 Soquel Dr., Suite 212, Aptos, CA 95003 • (831) 689.7676

## 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!