

Erran G. Sharpe, MA, LMHC
113 S. Eunice Street
Port Angeles, WA 98362
360-460-6594



Intake Information

Personal Data

Name _____ Address _____

Address cont'd. _____ City, St., Zip _____

Phone(h) (____) _____. (cell)(____) _____. _____

Birth Date _____ Age _____ Sex ____ Marital Status: Married Single Divorced Widowed

Email address: _____

In Case of Emergency, notify: Name _____ Phone (____) _____

Relationship _____ Address _____

Who may I thank for referring you? _____

Medical Data

Doctor's Name _____ Phone: _____

Address _____

Problems / Concerns That Bring You To Therapy:

Goals For Therapy (what will things be like when the therapy is successful?):

Life Timeline

Show 3-5 of the most highly significant events or time periods in your life. Mark roughly where they fall in time, and give a short description of the event (e.g. 'Moved to Tulsa', 'Parents divorced', 'Graduated', 'Molested').

Birth

Present

| _____ |

Medications (prescription and over-the-counter) you are currently taking:

Name	Dose	What it's for	Name	Dose	What it's for
1)			3)		
2)			4)		
5)			6)		

Substance / behavior	How much?	Behavior	How much?
Alcohol		Overeating	
Tobacco		Compulsive Sex / Porn	
Marijuana		Work	
Pills		TV / Internet	
Street drugs		Other:	
Gambling			

Serious illnesses or injuries:

Chronic health problems:

Please rate the problems that you feel apply to you (from 1 "low" to 5 "extreme")			
Rating	Problem	Rating	Problem
	Depression		Marital/relationship problems
	Mood swings		(Blended) family problems
	Suicidal thoughts		Alcohol/drugs (yourself)
	Suicidal actions		Alcohol/drugs (family members)
	Anxiety		Sexual problems
	Panic attacks		Sexual abuse (Circle: past or present)
	Sleep problems		Physical abuse (Circle: past or present)
	Lack of motivation		Grief / loss
	Eating / food problems		Compulsive gambling
	Mental clarity / reality		Other compulsive behaviors
	Work-related issues		Self-esteem
	Financial stress		Spiritual issues
	Family violence (actual or threatened)		Social issues
	People problems		Physical / pain issues, describe:
	Anger/rage		
	Parent-child conflict		Other: