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(A Professional Corporation)

**INTAKE FORM**

Please provide the following information and answer the questions below. Please note:  
Information you provide here is protected as confidential information.

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years): \_\_\_\_\_  
(Last) (First) (Middle Initial)

Please list any children and ages: \_\_\_\_\_  
\_\_\_\_\_

Referred by (if any): \_\_\_\_\_

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

- No
- Yes, previous therapist/practitioner: \_\_\_\_\_

Are you currently taking any prescription medication?

- No
  - Yes
- Please list: \_\_\_\_\_

Have you ever been prescribed psychiatric medication?

- No
  - Yes
- Please list and provide dates: \_\_\_\_\_

**GENERAL HEALTH AND MENTAL HEALTH INFORMATION:**

1. How would you rate your current physical health? (please circle one)

Poor                      Unsatisfactory                      Satisfactory                      Good                      Very Good

Please list any specific health problems you are currently experiencing: \_\_\_\_\_

2. How would you rate your current sleeping habits? (please circle one)

Poor                      Unsatisfactory                      Satisfactory                      Good                      Very Good

Please list any specific sleep problems that you are currently experiencing: \_\_\_\_\_

3. Are you currently experiencing overwhelming sadness, grief or depression?

- No
  - Yes
- If yes, for approximately how long? \_\_\_\_\_



**ADDITIONAL INFORMATION:**

1. Are you currently employed?  No  Yes  
If yes, what is your current employment situation?

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Do you enjoy your work? Is there anything stressful about your current work?

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2. Do you consider yourself to be spiritual or religious?  No  Yes  
If yes, describe your faith or belief:

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3. What do you consider to be some of your strengths?

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4. What do you consider to be some of your weaknesses?

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5. What would you like to accomplish out of your time in therapy?

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