Breathe Again
THERAPY

17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Date:

Personal Information

Name:

Preferred Alias and Pronouns:

Address:

Phone Number:

Email:

Date of Birth:

Gender: [Select]

Primary Physician:

Phone Number:

Current Therapist:

Phone Number:

Current Psychiatrist:

Phone Number:

Work/Sponsor of Lyra benefit:

Primary person covered:

Primary Person's Date Of Birth:

Lyra Code (if applicable for your company)

Breathe Again
THERAPY

17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Complaints

What is your major Complaint? When did it Start?

Have you previously suffered from this complaint?

Previous therapist(s) seen for complaint:

Previous treatment for complaint:

Aggravating Factors:

Relieving Factors:

Current Sumptoms (Check All That Apply)

- [ ] Anxiety
- [ ] Appetite Issues
- [ ] Avoidance
- [ ] Crying Spells
- [ ] Depression
- [ ] Excessive Energy
- [ ] Fatigue
- [ ] Guilt
- [ ] Hallucinations
- [ ] Impulsivity
- [ ] Irritability
- [ ] Libido Change
- [ ] Loss of Interest
- [ ] Panic Attacks
- [ ] Racing Thoughts
- [ ] Risky Activities
- [ ] Sleep Changes
- [ ] Suspiciousness
- [ ] Sexual Dysfunction
- [ ] Others:

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Possible Crisis:

- [ ] Suicide Ideations
- [ ] Homicidal Ideations
- [ ] Hallucinations
- [ ] Paranoia

Substance Use:

- [ ] Current
- [ ] Past History

Couples: (check and briefly describe)

- [ ] Communication
- [ ] Intimacy
- [ ] Parenting Lifestyle
- [ ] Life Goals
- [ ] Life Style Difference

Have You Ever Tried the Following (Check All That Apply):

- [ ] Alcohol
- [ ] Heroin
- [ ] Extacy
- [ ] Tobacco
- [ ] Methamphetamines
- [ ] Methadone
- [ ] Marijuana
- [ ] Cocaine
- [ ] Tranquilizers
- [ ] Hallucinogens (LSD)
- [ ] Stimulants (Pills)
- [ ] Pain Killers

If yes, which ones?	Frequency	Dates of Use

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Have you ever been treated for drugs /alcohol abuse? **If yes, when?** **For what substances?** ☐ No ☐ Yes

Do you smoke cigarettes? **If yes, how many per day?** ☐ No ☐ Yes

Do you drink caffeinated beverages? **If yes, how many per day?** ☐ No ☐ Yes

Have you ever abused prescription drugs? **If yes, which ones?** ☐ No ☐ Yes

Medical and Mental Health History

Date of Last Physical:

Any issues that would impact mental health?

Are you currently taking any medications?

Previous medical conditions:

Breathe Again THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Medications currently for physical health?

Previous mental health diagnosis/treatment:

Previous mental health providers:

Mental health medications:

Mental health treatment dates/reasons:

Do you have any allergies?

Any recent inpatient or residential stays? **If yes, when?** ☐ No ☐ Yes

Why?

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Family History

Are you adopted? ☐ No ☐ Yes

If yes, at what age?

How is your relationship with your mother?

How is your relationship with your father?

Do you have siblings? ☐ No ☐ Yes

If yes, what are their age(s)?

How is your relationship with your siblings?

Parents current relationship:

- ☐ Married?
- ☐ Divorced? **If yes, how old were you?**
- ☐ Remarried? **If yes, how old were you?**

Family medical conditions:

Family mental health conditions:

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Any mental or physical health conditions treated with medication?

If family members were treated with medications, what kind?

Any family member attempt or complete suicide? ☐ No ☐ Yes

If yes, please explain

Early Development

Where did you grow up, and with who?

Did you move often? Where if so?

Any family deaths that may have impacted you?

Any trauma, abuse, or neglect experienced before the age of 18 yrs old?
If yes, by who? Please explain.

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Highest education level completed:

Location: Date:

Present Lifestyle

Do you work?

☐ Full-Time ☐ Part-Time ☐ Student ☐ No

Are you single or in a relationship? [Select]

How do you classify your relationship? [Select]

How's your relationship with your partner?

What is your sexual preference?

Any prior marriages? **If yes, how many and the year they occurred?** ☐ No ☐ Yes

Any previous divorces? **If yes, how many and the year they occurred?** ☐ No ☐ Yes

Do you have children? ☐ No ☐ Yes

If yes, their ages?

Breathe Again THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

How would you say your relationship is currently with your children?

Any previous strains on the relationship with your children?

Do you feel your relationship with partner's parents and family are favorable?

Please share if anyone else lives in your home.

Do you exercise? ☐ No ☐ Yes

What type?

What is the frequency per week?

Are you a member of a religious/spiritual group? ☐ No ☐ Yes

What is your level of involvement?

Legal History:

When and Why?

Breathe Again
THERAPY
17782 MORO RD, PRUNEDALE, CA 93907
Phone :(408) 763-9546
www.BreatheAgainTherapy.com

INTAKE THERAPY FORM

Have you ever served in the military? ☐ No ☐ Yes

Where? _____ Date: _____

Highest rank achieved: _____

Anything Else You Want The Therapist to Know?

Client Signature: _____

Print Client Name: _____

Thank You

Please double check your answers and make sure all questions are answered