## Amy Hunter, Ed.D., LPC 10 North Main St. Suite 300 West Hartford, Ct. 06107 (413) 519-7987

## Client Intake Form

Name:	Date:	Date of Birth:
Address:		
Phone Number(s):		Email:
Referred by:		Insurance:
Reason for seeking therapy:		
	Health Questions	

	Yes	No
Do you exercise regularly?		
Do you use alcohol? If yes how much?		
Do you use nonprescribed drugs? If yes name the drug, frequency and amount.		
Are you currently experiencing depression? For how long?		
Are you currently experiencing anxiety? For how long?		
Are you experiencing suicidal ideation? If yes, passive or active?		

Have you ever attempted suicide?	
Are you experiencing panic attacks?	
Are you feeling hopeless about the future?	
Are you currently or have you in the past received psychiatric treatment?	
Have you ever been psychiatrically hospitalized?	
Are you currently taking psychotropic medications?	