

## CONFIDENTIAL INTAKE FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please circle preferred phone number above. Email Address \_\_\_\_\_

Living Arrangement     Independent     With Partner     With Friend or Relative     With Roommates

Occupation \_\_\_\_\_    Currently employed?     Yes     No

Check those you are interested in:

Individual Therapy     Couples Therapy     Bioenergetic Analysis     Clinical Hypnosis     EMDR

Focus or Reason for Therapy \_\_\_\_\_

On a scale of 1 to 10 (with 10 as the maximum), how motivated are you to resolve this problem or difficulty? \_\_\_\_\_

Please check your response and list details on the solid line:

YES NO

Any prior experience with therapy? \_\_\_\_\_

    with Bioenergetics or body-oriented therapy? \_\_\_\_\_

    with hypnosis? \_\_\_\_\_

    with EMDR? \_\_\_\_\_

Are you currently in therapy? \_\_\_\_\_

Are you taking any psych medications or herbs? \_\_\_\_\_

Any insomnia or difficulty sleeping on a regular basis? \_\_\_\_\_

Are you taking any sleep medications or herbs? \_\_\_\_\_

Any significant losses within the past 2 or 3 years? \_\_\_\_\_

Any traumas within the past 2 or 3 years? \_\_\_\_\_

Any childhood traumas that you know of? \_\_\_\_\_

Any current addictive behaviors? \_\_\_\_\_

Any past addictive behaviors? \_\_\_\_\_

Any significant medical conditions? \_\_\_\_\_

Are you receiving medical treatment? \_\_\_\_\_

Any family history of psychiatric illness? \_\_\_\_\_

I have read the Confidentiality & Cancellation Policies on Ms. Carboni's website and agree to abide by those policies. I understand that cancellations must be made 24 hours in advance of the scheduled appointment time, or I will be charged in full for the missed session.

(Signature) \_\_\_\_\_