

CONFIDENTIAL INTAKE FORM

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Name _____ Today's Date _____

Address _____ City _____ State/Zip _____

Email Address _____

Preferred Phone Number _____ Do you text? _____

Emergency Contact _____ Relationship _____ Phone _____

Age _____ Date of Birth _____ Are you a Veteran? _____

Country of Birth _____ Where did you grow up? _____

Single, divorced, widowed, or partnered/married? Partner's name _____

Do you currently live on your own or with others? _____

Do you have children? No. If yes, of what ages? _____

* Are you currently employed? _____ What kind of work do you do? _____

* Have you been in therapy before? No If yes, for what, when and for how long?

* Tell me what brings you to therapy at this time? _____

Please circle if you are seeking: Individual Therapy Couples Therapy
EMDR/Brainspotting Self-Hypnosis Visualization Skills

* Are you currently taking any psych medication or herbs? No If yes, please list the medication(s), dosage(s), for what & how long you've been taking it (them):

* Have you taken any psych medications or herbs in the past? If yes, please list

* Are you dealing with any significant medical conditions? No ... If yes, please explain; also are you receiving treatment?

* Are you dealing with any current or past addictive behaviors? No. If yes, please explain:

* Have you had any significant losses or traumas in the past 2 or 3 years? No. If yes, please briefly explain. More can be shared in person.

* Did you experience any childhood traumas that you know of? No ... If yes, please briefly explain. More can be shared in person.

* As far as you know, is there any history of psychiatric illness, depression, anxiety, addiction, etc. in your family or extended family? No ... If yes, please explain:

* What do you like to do? What are your hobbies or interests beyond work?

* If there is anything else you'd like to share, please feel free to write on a separate page or the back of this page

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. I also understand that conventional email and texts are inherently insecure and that the confidentiality of sensitive materials cannot be assured. Therefore, sensitive matters are best not communicated through email or texts.

(Please Sign) _____ Date _____