

CONFIDENTIAL INTAKE FORM
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Name _____ Age _____ Date of Birth _____

Address _____ City _____ State/Zip _____

Email _____ Phone _____ Do you text? _____

Emergency Contact _____ Relationship _____ Phone _____

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? ____ If yes, of what ages? _____

What is your educational background — eg highest grade/degree, vocational training, etc?

Did you experience any learning disabilities as a youth? _____

Are you a veteran? ____ Years Served _____ Rank _____ Locations _____

Are you currently employed? ____ Retired /when _____ What kind of work do /did you do?

What languages do you speak? _____

Are you dealing with any significant medical conditions? ____ If yes, please explain & are you receiving treatment?

Have you been in therapy before? ____ If yes, when ,or what, and for how long? _____

Was therapy helpful? _____

Were you prescribed & take any psych medications or herbs in the past? If yes, please list _____

Were they helpful? _____

Did someone refer you for therapy, or did you seek it out on your own? _____

Tell me what brings you to therapy at this time? (Details can help us clarify treatment needs & goals.)

Are you seeking: Individual Therapy Couples Therapy EMDR/Brainspotting

Are you currently taking any psych medication or herbs? If yes, please list below.

Medication/Herb	Dosage	Began in (month/year)	Prescribing Clinician's Name

Are you dealing with any current or past addictive behaviors? _____ If yes, please explain: _____

Do you use alcohol or recreational drugs?

what	how much	how often

Are you currently dealing urges or thoughts to harm yourself or another person? _____

If yes, please explain _____

Have you had any significant losses or traumas in the past 2 or 3 years? _____ If yes, please briefly explain.

Did you experience any childhood traumas that you know of? (serious illness/surgery, serious accident, house fires, frequent relocations, having been bullied, any verbal or physical abuse or neglect?) If yes, please briefly explain.

As far as you know, is there any history of psychiatric illness, trauma, depression, anxiety, addiction, etc. in your family or extended family?

who in the family?	what were they diagnosed or dealing with?	did this impact you?

What do you like to do? What are your hobbies and/or interests? _____

Do you have a faith or spiritual practice? _____

Do you have family, friends or a support network here in the area? _____

Are you involved in any social clubs or volunteer organizations? _____

What are you hoping for out of therapy? What changes would you like to see (eg. regarding symptoms & emotional reactions, in family & social relationships, work life, general life functioning?)

Signature _____ Date _____