

Jenae Kronbach, MA, LMHC
614 W. McGraw Street
Seattle, WA 98119

206.992.9660
jenae@jenaekronbach.com

Intake Form

Last Name:

First Name:

Address:

City & State:

Zip Code

Home phone:

Cell Phone:

Gender Identity:

Date of Birth:

Is it acceptable to leave a message via phone? Y / N

If "no", how can I contact you?

Are you currently under medical care? Y / N

If yes, the please explain/describe:

Name of Physician & Office Location:

Are you currently taking any medications? Y / N

If yes, please list/describe:

List any psychiatric/mental health medications you have taken and amount prescribed:

Have you ever been under the care of a psychiatrist, psychologist or counselor? Y / N

If yes, please give the name, date and location of the therapy and briefly explain the course of treatment.

Please circle any of the following below that pertain to you:

Anxiety

Depression

Fears/Phobias

Body Image Concerns

Sexual Problems

Suicidal Thoughts

Separation/Divorce

Relationships

Finances

Drug/Alcohol Use

Career Choices

Anger

Self-Control

Unhappiness

Insomnia

Religious Matters

Work/Stress

Health Problems

Self-Harm

Thought Patterns

Have there been any significant life changes in the past 12 months that you feel may have impacted your mood (for example, relationship change, job change, weight gain/loss)? If so, please list below:

Do you currently smoke, drink alcohol or use drugs? Y / N

If yes, please indicate amount & frequency:

Family History:

Is there any mental health or substance abuse issues in your family? Y / N

If "yes" please describe:

Who made up your family of origin?

Number of Parent(s):

Number of Siblings & Ages:

Is there anyone in your family who you feel close to? Please list:

Is there anyone in your family that you feel distant from? Please list:

****OPTIONAL: Please answer the next 3 questions only if you feel comfortable****

Have you ever been physically harmed? Y / N

Have you ever been emotionally harmed? Y / N

Have you ever been sexually harmed? Y / N

Please indicate age of first harming incident & person(s) responsible for harming:

Emergency Contact Information:

Name:

Phone:

Relationship to you:

How were you referred to me?

If you used the internet, please list any key phrases that brought you to my website: