

Psychotherapy and Evaluation
Child, Adolescent, Adult & Couples
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Intake Form

Reason for Consultation:

Presenting Problem – what brings you in for therapy at this time?

When did the problem begin? Please describe the circumstances.

Recent Stressors: Please check if these stressors have occurred in the past year:

- divorce or separation death of a loved one
- major injury or illness special needs child
- pregnancy or birth job stress / job loss
- financial problems parenting issues
- drug abuse in family serious family conflict
- new job or school victim of violence
- teen problems marriage or engagement
- change in living situation retirement or graduation
- legal or tax difficulties decline in health of family member

General Well-Being:

- I am generally not very happy with my life
- I am unable to relax or enjoy myself
- Work / school is going terribly for me
- I recently experienced an overwhelming life event
- I am not functioning as well as in the past
- My life is out of control
- My relationships / social life is not what it should be
- I currently or recently have felt suicidal

Depression:

sad crying spells loss of appetite weight loss
 insomnia waking early excessive sleep hopelessness
 fatigue easily suicidal loss of interest in sex / friends

Anxiety:

nervous mood swings irritability headaches
 compulsions indecisiveness jittery tension
 worrying tremble /shake dizziness weight loss
 heart palpitations temper outbursts persistent thoughts
 low concentration stomach problems fear of going crazy

Substance Use. Do you use any of the following?

alcohol stimulants coffee tranquilizers
 marijuana hallucinogens cigarettes diet pills
 cocaine diuretics narcotics
 I have occasionally thought about cutting down on substance use
 Others have complained about my substance use
 I have felt guilty or upset about my use
 I have missed work / school due to my substance use

Eating

strict dieting fasting excessive exercise diet pills
 weight gain overweight vomiting laxative use
 diuretics ipecac weight loss bingeing
 over eating unhappy with my appearance

Abuse

physical abuse emotional / mental abuse
 sexual abuse threats for violence
 rape nightmares / flashbacks

Self-esteem Do you have difficulties with self-image?

Physical Symptoms Please list any physical symptoms you currently have (e.g, headaches, pain, medical diagnoses)

Relationships Please describe any concerns you have regarding interpersonal relationships, if any:

Are there other areas of concern you would like to convey?