

fJohanna Rayman, LCSW, GCFP - Independent Practitioner

Licensed Clinical Social Worker, Guild-Certified Feldenkrais Practitioner

INTAKE FORM *If you prefer, we can fill this form out in person.*

What brings you to therapy at this time? What are the goals or themes that you would like to work with?

Please describe the symptoms or problems that are most concerning to you right now.

Brief medical history, health concerns, pain, injuries, surgeries, illnesses, etc.:

Are you taking any prescription medications, herbs, or supplements for physical or mental health?

Past experiences with mental health services - counseling, groups, hospital, medications, healers, or personal practices:

Briefly list past experiences that you consider to have been traumatic – or let me know that there are past experiences that you can't discuss now but may want to in the future.

Please list support people and positive activities:

Please indicate where there are or have been safety concerns:

	Never	Past	Recent	Comments
Thoughts of death or suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-injury (cutting, hitting, other self-harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk-taking behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abuse or harm from another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thoughts of harm to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual harm to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other risk _____:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list use of drugs or alcohol in the past six months, with frequency and amounts:

Do you have any concerns about starting therapy now?

Is there anything else you want me to know about you before we start working together?