Louisa Gluck, LMFT

Licensed Marriage and Family Therapist LMFT 40482
2 Padre Pwky, Suite 302B, Rohnert Park, CA 94928
621 Cherry St., Santa Rosa, CA 95404
707-694-0866 ♦ NPI 1144475211
LouisaGmft@aol.com

Intake Form—Page 1 of 4

Please complete the following form for your first session. The information you provide will be considered confidential.

Name _____
(Last) (First) (Middle)

Name of parent or guardian if client is under 18

_____
(Last) (First) (Middle)

Physical address _____

Mailing address _____

Date of birth _____ Age _____Gender Identification _____

Cell phone _____ May we leave a message? ☐ Yes ☐ No

Home phone _____ May we leave a message? ☐ Yes ☐ No

Work phone _____ May we leave a message? ☐ Yes ☐ No

Email address _____ May we email you? ☐ Yes ☐ No
**Please note that email is not considered a confidential form of communication.*

Your occupation _____

Your employer _____ Years there _____

Children's names/ages _____

Who lives with you in your home? _____

Relationship legal status ☐ Never married ☐ Domestic partnership ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Sexual orientation _____ Ethnic/Cultural identity _____

Referred by _____

Languages spoken _____

Today's date _____

Louisa Gluck, LMFT

Licensed Marriage and Family Therapist LMFT 40482
2 Padre Pwky, Suite 302B, Rohnert Park, CA 94928
621 Cherry St., Santa Rosa, CA 95404
707-694-0866 ♦ NPI 1144475211
LouisaGmft@aol.com

Intake Form—Page 2 of 4 *Please complete the following form for your first session. The information you provide will be considered confidential.*

Your highest level of education _____

(For children) Name of school and grade level _____

Current relationship status _____ Years in current relationship _____

Spouse/Partner's name _____ Age ____ Occupation _____

Siblings (names, ages) _____

Parents or step-parents _____

Other important people in your life _____

I give my permission for Louise Gluck, LMFT to contact any of these people in an emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Current medical doctor _____ Phone _____

Current psychiatrist _____ Phone _____

List all psychiatric medications/dosages you currently take _____

_____

_____

List all other medications/dosages you currently take including over-the-counter meds, vitamins, etc.

_____

_____

Have you ever been hospitalized for a psychiatric emergency? ☐ Yes ☐ No

If yes, please describe _____

_____

_____

Louisa Gluck, LMFT

Licensed Marriage and Family Therapist LMFT 40482
2 Padre Pwky, Suite 302B, Rohnert Park, CA 94928
621 Cherry St., Santa Rosa, CA 95404
707-694-0866 ♦ NPI 1144475211
LouisaGmft@aol.com

Intake Form—Page 3 of 4 *Please use back of paper if needed.*

How do you rate your current health? ☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very Good

Describe any current health concerns _____

_____

How do you rate your current sleep? ☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very Good

Describe any current sleep concerns _____

How often do you exercise? _____ Type of exercise _____

If you are experiencing any difficulties with your appetite or eating, please describe _____

_____

Are you currently experiencing any anxiety/panic attacks, phobias? ☐ Yes ☐ No

If yes, please describe _____

How often do you use alcohol? ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

How often do you use recreational drugs? ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

Have you ever attempted suicide? ☐ Yes ☐ No If yes, please describe what happened _____

_____

Have you ever suffered a head injury (e.g., concussion)? ☐ Yes ☐ No If yes, please describe what happened _____

Do you consider yourself to be spiritual/religious? ☐ Yes ☐ No If yes, please describe your spiritual practice_____

Previous counselors you have seen (please list dates of treatment)

_____

_____

_____

Louisa Gluck, LMFT

Licensed Marriage and Family Therapist LMFT 40482
2 Padre Pwky, Suite 302B, Rohnert Park, CA 94928
621 Cherry St., Santa Rosa, CA 95404
707-694-0866 ♦ NPI 1144475211
LouisaGmft@aol.com

Intake Form—Page 4 of 4 *Please use back of paper if needed.*

Family mental health history—please identify if there is a family history of any of the following and indicate the person's relationship (myself, grandmother, brother, etc.)

Alcohol or substance abuse	☐ Yes	☐ No	_____
Anxiety	☐ Yes	☐ No	_____
Bipolar disorder	☐ Yes	☐ No	_____
Depression	☐ Yes	☐ No	_____
Domestic violence	☐ Yes	☐ No	_____
Eating disorders	☐ Yes	☐ No	_____
Manic behavior	☐ Yes	☐ No	_____
Obesity	☐ Yes	☐ No	_____
Panic attacks	☐ Yes	☐ No	_____
Obsessive compulsive behavior	☐ Yes	☐ No	_____
Schizophrenia	☐ Yes	☐ No	_____
Suicide attempts	☐ Yes	☐ No	_____

Have you experienced any trauma in your life? If so, please describe what happened _____

_____

_____

What causes you stress? _____

_____

What do you consider to be your strengths? _____

_____

Describe your support network _____

_____

What brings you here today? _____

_____

_____

_____

_____

Louisa Gluck, LMFT

Licensed Marriage and Family Therapist LMFT 40482
2 Padre Pwky, Suite 302B, Rohnert Park, CA 94928
621 Cherry St., Santa Rosa, CA 95404
707-694-0866 ♦ NPI 1144475211
LouisaGmft@aol.com

Treatment Goals/Plan *Please use back of paper if needed.*

This page is for us to create a set of treatment goals and a way to measure how the problems that currently bother you are improving.

What are the problems which are bothering you the most right now? _____

_____

_____

_____

How will you know when these problems have improved? _____

_____

_____

_____

What behaviors are you seeking to change? _____

_____

_____

What new behaviors do you wish to adopt? _____

_____

_____

We'll do this next part together. Our treatment goals will be….

Problem _____ As evidenced by _____
Goal _____ By _____
Intervention _____
Problem _____ As evidenced by _____
Goal _____ By _____
Intervention _____
Problem _____ As evidenced by _____
Goal _____ By _____
Intervention _____

We agree to work on these goals together and reevaluate them in ____ days.
Signed by:

Client _____ Date _____

Therapist _____ Date _____