

Loudoun Psychotherapy Intake Form

1. What brought you here today? Please share any major areas of concern.
2. Have you received any therapy in the past, and how was this experience for you? (positive, negative, neutral)
3. Do you have any medical problems?
4. History of accidents, head injuries, or hospitalizations?
5. Have you had a major illness? Do you have a chronic illness?
6. What medications are you currently taking?
7. List the names and ages of the members of your immediate family (parents, spouse, siblings, children):
8. Has your family experienced any major losses? (deaths, divorces, accidents, traumas, etc.)
9. What do you hope to gain from this experience?
10. If you could change anything about your life, what would it be?