



INTEGRAL INTAKE

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Client's Name _____ Age _____ Date First Seen _____
Home Phone (____) _____ (message: Y/N) _____ Work Phone (____) _____ (message: Y/N) _____
Address _____ City _____ Zip _____
Date of Birth _____ Gender _____ (M/F) Referral Source _____
Emergency Contact: Name _____ Phone (____) _____

(Please use the back side of this form if you need more space to respond to any of the questions)

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse? _____

Are there any **immediate** challenges or issues that need our attention? Yes/No If yes, please describe.

___ **No** _____

Have you had previous counseling or psychotherapy? Yes/No From when to when? With whom?

___ **No** _____

What was your experience of therapy? (What was your previous therapy like?)

Good

What was most helpful about your therapy? **I got enough experience to deal with any related issue in future**

What was least helpful about your therapy? **Nothing**

What did you learn about yourself through your previous therapy?

I still have a room to accept any challenge

What do you expect from me and our work together? **To learn more from you**

EXPERIENCE: Individual-Interior

What are your strengths? **Psychology**

What are your weaknesses? **I have a heart which accommodates anyone**

How would you describe your general mood/feelings? **Accomodative**

What emotions do you most often feel most strongly? **Remorseful**

What are the ways in which you care for and comfort yourself when you feel distressed?

I just get into my room and open round music or visit my close friend for a chat or we can engage in some games which keeps me stress-free.

How do you deal with strong emotions in yourself? **Listening to round music.**

How do you respond to stressful situations and other problems? _____**By identifying root course of the problem and coming up with a solution.** _____

How do you make decisions (for example, do you use logic and reason, or do you trust your gut and heart)?

_____By **use logic and reason**

Are you aware of recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe.

_____ **YES** _____

Have you *ever* attempted to seriously harm or kill yourself or anyone else? Yes/No If yes, please describe.

_____ **NO** _____

Are you *presently* experiencing suicidal thoughts? Yes/No If yes, please describe.

_____ **NO** _____

Has anyone in your family ever attempted or committed suicide? Yes/No If yes, please describe.

_____ **NO** _____

Have there been any serious illnesses, births, deaths, or other losses or changes in your family that have affected you? Yes/No If yes, please describe.

_____ **NO** _____

What is your earliest memory? _____ **My birthday**

What is your happiest memory? _____ **What watching Tom and Jerry cartoon**

What is your most painful memory? _____ **The death of my Uncle**

Where in your body do you feel stress (shoulders, back, jaw, etc.)?

_____ **shoulders**

Do you have ways in which you express yourself creatively and/or artistically? Yes/No If yes, please describe.

_____ **NO**

Describe your leisure time (hobbies/enjoyment). _____ **Watching Cartoon makes me feel relaxed**

Have you ever been a victim of, or witnessed, verbal, emotional, physical, and/or sexual abuse? If yes, please describe.

_____ **NO**

In general, how satisfied are you with your life?

Not at all 1 2 3 4 5 6 7 **Very**

In general, how do you feel about yourself (self-esteem)?

Very bad 1 2 3 4 5 6 7 **Very good**

In general, how much control do you feel you have over your life and how you feel?

None at all 1 2 3 4 5 **6** 7 A lot

Please mark any of the following feelings or experiences you've had recently, or have had sometimes in the past:

_____ **Angry**

_____ **Sad**

_____ **Lonely**

_____ **Afraid**

_____ **Anxious/worried**

_____ **Shameful/guilty**

_____ **Jealous**

_____ **Happy**

_____ **Grateful/thankful**

_____ **Sexual/erotic**

_____ **Excited**

_____ **Energetic**

_____ **Hopeful**

_____ **Relaxed/peaceful**

_____ Other emotions you often feel:

_____ **Difficulty concentrating**

_____ Little interest or pleasure in doing things

_____ **Poor or excessive appetite**

_____ **Feeling hopeless**

_____ **Feeling helpless**

_____ Having much more energy than normal

_____ **Thoughts racing through your head**

_____ **Needing less sleep than normal**

_____ **Thoughts that you would be better off dead**

_____ **Desire to harm yourself**

_____ Hearing or seeing things not actually there

_____ **Thoughts that seem strange but that you can't seem to stop**

_____ **Fear that someone is trying to harm you**

BEHAVIOR: Individual-Exterior

Please list any medications you are presently taking (dosage/amount and what the medication is for).

_____ **NONE** _____

Do you have a primary care physician? Yes/No If yes, who is it? _____ **NO** _____

Height _____ Weight _____ lbs.

When was your last physical? **Can't remember** Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)?

Have you ever suffered a head injury or other serious injury? Yes/No If yes, please describe.

_____ **NO** _____

What other significant medical problems have you experienced or are you experiencing now?

_____ **NONE** _____

Please mark any of the following behaviors or bodily feelings that are true of you:

- _____ Drink too much
- _____ Use illegal and/or mind-altering drugs
- _____ **Eat too much**
- _____ Eat too little
- _____ Neglect friends and family
- _____ Neglect self and your own needs
- _____ Difficulty being kind and loving to yourself
- _____ Act in ways that end up hurting yourself or others
- _____ **Lose your temper**
- _____ Seem to not have control over some behaviors
- _____ Think about suicide
- _____ Have difficulty concentrating
- _____ Spend more money than you can afford to
- _____ Crying
- _____ Any other behaviors you would like me to know about?

- _____ Headaches
- _____ Menstrual problems
- _____ Dizziness
- _____ Heart tremors
- _____ Jitters
- _____ Sexual pre-occupations
- _____ Tingling/numbness
- _____ **Excessive tiredness**
- _____ Hear or see things not actually there
- _____ Blackouts
- _____ Do you have any other bodily pains or difficulties? Yes/No If yes, what are they?

In general, how would you rate your physical health?

Very unhealthy 1 2 3 4 5 6 7 Very healthy

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Describe your current sleeping patterns (When do you sleep? How many hours per 24 hrs? Do you sleep straight through or do you wake up during sleep time?). _____ **5 hours. I sleep straight**

Do you feel rested upon waking? **Yes/No**

Describe your usual eating habits (types of food, and how much). _____ **Eat too much rice combined with other stuffs**

Do you take vitamins and other nutritional supplements? **Yes/No** If yes, please describe.

_____ **For diet balancing**

Describe your drug and alcohol use (both past and present). _____ **I don't do any**

Do you engage in some form of exercise (aerobic and/or strength building)? **Yes/No** If yes, please describe.

_____ **Aerobics and running about 3 kms a day**

Do you have any communication impairments (sight, hearing, speech)? **Yes/No** If yes, please describe.

CULTURE: Collective-Interior

Describe your relationships, including friends, family, and co-workers.

_____ **Good**

What is important and meaningful to you (what matters the most to you)?

_____ **My family**

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 **5** 6 7 Very

In general, how comfortable are you in social situations?

Not at all 1 2 3 4 5 **6** 7 Very

In general, how satisfied are you with your religion/spirituality?

Not at all 1 2 3 4 5 6 7 Very

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Which emotions were encouraged or commonly expressed in your *family of origin* (family you grew up with)?

_____ **Loving**

Which emotions were discouraged or not allowed in your *family of origin*?

_____ **Hatred**

What emotions are most comfortable for you now? _____ **Caring**

What emotions are most uncomfortable for you now? _____ **hatred**

How do you identify yourself ethnically? How important is your ethnic culture to you?

_____ I'm morally upright as per our culture

How did your *family of origin* express love and care? _____ **By giving out**

How does your *current family* express love and care? _____ **Sharing with the needy**

How did your *family of origin* express disapproval? _____ **By being on point**

How does your *current family* express disapproval? _____ **Being straightforward**

Describe your romantic/love relationships, if any. _____ **Excellent**

Describe your sex life. How satisfied are you with your sex life?

_____ **Its excellent**

What beliefs do you have about sex? How important to you are those beliefs?

_____ **NONE** _____

Do you have a religious/spiritual affiliation and/or practice? Yes/**No** If yes, please describe.

What beliefs do you have about religion/spirituality? How important to you are those beliefs?

_____ **Its God's work** _____

What are some of your most important morals? How important to you are those morals?

_____ **Always be yourself** _____

Describe any political or civic involvement in which you participate.

_____ **NONE** _____

Describe any environmental activities in which you participate (recycling, conserving, carpooling, etc.).

_____ **Recycling of plastics to conserve environment** _____

Are you involved with any cultural activities or institutions? Yes/**No** If yes, please describe.

Have you ever been a victim of any form of prejudice or discrimination (racial, gender, etc.) or felt that you were disadvantaged in terms of power and privilege in society? Yes/**No** If yes, please describe.

SOCIAL SYSTEMS: Collective-Exterior

Describe your current *physical* home environment. For example, describe the layout of your home, and other general conditions, such as, privacy, is it well-lighted?, do you have A/C?, heating?, etc.

_____ Its cool surrounded with artificial trees with fresh air all through _____

Describe your neighborhood. (Is it safe/dangerous, nice/unpleasant, quiet/loud, etc.?)

_____ **Very safe**

Describe your current *social* home environment (how would an outside observer describe how you get along with those who live with you?). _____ **Cool and less noisy**

Describe your work environment (include co-workers and supervisors who directly affect you).

_____ **Very professional**

Do you have a romantic partner? Yes/**No** Have you been married before? Yes/No If yes, please describe.

Do you have pets? **Yes**/No How important are they to you? _____ **Give me company**

Have you served in the military? Yes/**No** If yes, please describe.

Are you currently involved in a custody dispute? Yes/**No** If yes, please describe.

Have you had any involvement with the legal system (incarceration, probation, etc.)? Yes/**No** If yes, please describe.

What aspects of your life are stressful to you? Please describe.

_____ **Being lonely at home with nobody at the compound.**

What sort of support system do you have (friends, family, or religious community who help you in times of need)?

_____ **friends and family**

List your **family of origin** (family you grew up with), beginning with the oldest, include parents and yourself.

Name	Age	Gender	Relationship to you (include “step” and “half” etc.)

What is your educational background?

What is your occupation? _____ How satisfied are you with the type of work you do?

Not at all 1 2 3 4 5 6 7 **Very** **Choose one**
 What is your yearly income? \$ _____ per year. How satisfied are you with your standard of living?

Not at all 1 2 3 4 5 6 7 **Very** **Choose one**

List your **current family** or all the people you currently live with (begin with the oldest person and include yourself).

Name	Age	Gender	Relationship to you (include “step” and “half” etc.)

Describe any family history of mental illness. _____

Are you involved with any organizations? Yes/No If yes, please describe.

Do you participate in any volunteer work? Yes/No If yes, please describe.

- ☐ nursing and/or eating ()
- ☐ toilet training ()
- ☐ crawling or walking ()
- ☐ talking ()
- ☐ nail biting or other nervous habits ()
- ☐ going to school/ separating from caregivers ()
- ☐ cruelty to animals or people ()
- ☐ serious illnesses or injuries ()
- ☐ academic problems ()
- ☐ social problems ()
- ☐ moves or other family stresses ()
- ☐ abuse (emotional, physical, or sexual) ()
- ☐ any problems with sexual maturation ()
- ☐ being made fun of or joked about at school, home, or elsewhere ()
- ☐ self-destructiveness (risky sex, eating problems, drug use, excessive risk-taking, etc.) ()
- ☐ fitting into social groups ()
- ☐ standing up for what you believe in when it differs from your peers' views ()
- ☐ making important decisions, especially when they differ from social norms ()
- ☐ any existential dilemmas ()
- ☐ any religious and/or spiritual experiences (these could be completely positive) ()

_____ irresponsible child _____

_____ critical parent _____

_____ dominating “top dog” _____

_____ prone-to-fail “underdog” _____

_____ overly-harsh judge or critic _____

_____ false or phony self _____

_____ unworthy, not-good-enough self _____

_____ grandiose, better-than-everyone-else self _____

_____ other, please describe _____

[illegible]