

Cynthia M. Thorp, Psy.D. (CA PSY23951; NV PY0674)
1462 US Highway 395 (N) Gardnerville, NV 89410
Ph: (775) 790-7771 Fax: (775) 392-3575

Client Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Agreement of Psychotherapy Form and the HIPPA Notice of Privacy Practices. If you do not desire to answer any question, please write "N/A." Please print or write clearly and bring this form with you to your first session.

NAME: _____ DATE: _____

DATE OF BIRTH/PLACE: _____ AGE: _____

ADDRESS: _____

PHONE # HOME: _____ CELL: _____ WORK: _____

FOR CONFIDENTIAL/PRIVATE MSGS: _____ E-MAIL: _____

PERSON & PHONE NUMBER TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired): _____

PRESENTING PROBLEM (be as specific as you can): _____

Estimate the severity of above problem: Mild Moderate Severe Very Severe (please circle)

Current marital status: ___ Living with someone: ___ Name: _____ Years: _____

PRESENT SPOUSE/PARTNER: _____

CHILDREN/STEP/GRANDCHILDREN (names/ages & brief statement on your relationship with the person:

1. _____
2. _____
3. _____
4. _____
5. _____

PARENTS/STEP-PARENTS (name, age, or year of death, cause of death, occupation, personality, how did he or she treat you? Please provide a brief statement about the relationship):

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Father: _____

Mother: _____

Step-parents: _____

SIBLINGS: (name/age, if deceased: age and cause of death & brief statement about the relationship):

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICAL DOCTORS (name/phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illnesses):

Please specify the medication you are presently taking:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments): _____

SUICIDE ATTEMPT(S) or VIOLENT BEHAVIOR (describe: age at time, reasons, circumstances, how, etc.):

FAMILY MEDICAL HISTORY (describe any illness that runs in the family: cancer, epilepsy, etc.):

FRIENDSHIPS, COMMUNITY & SPIRITUALITY (describe quality, frequency, activities, etc.):

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PAST/PRESENT PSYCHOTHERAPY (specify: name, month/year, estimated number of sessions, initial reason for therapy, brief description of the relationship and how helpful it was):

1. _____
2. _____
3. _____

DESCRIBE YOUR CHILDHOOD IN GENERAL (relationships with parents, siblings, others, school, neighborhoods, relocations, any school/behavioral problems, abusive/alcoholic parent):

If PARENTS DIVORCED: Your age at the time: _____. Describe how it affected you at the time: _____

FAMILY HISTORY OF METAL ILLNESS, ALCOHOLISM OR VIOLENCE (including suicide, depression, hospitalizations, abuse, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION(S), LAWSUIT(S) OR DIVORCE OR CUSTODY DISPUTE(S)? (If you answer yes, please explain):

WHAT ARE YOUR MAIN WORRIES AND FEARS? _____

WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE? _____

PLEASE INCLUDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE ME TO KNOW ABOUT YOU AND YOUR SITUATION:
