

NEW CLIENT – INTAKE FORM

PLEASE FILL OUT AND RETURN TO DRKATHY@SEARCHTHYSELF.COM BEFORE YOUR SCHEDULED APPOINTMENT.

1.NAME: (What you like to be called?) _____

2.HOW DO YOU WANT TO BE CONTACTED BY DR KATHY? PLEASE CIRCLE ALL THAT APPLY AND FILL IN THE INFORMATION NEEDED TO RESPOND?

Phone _____ email _____

Zoom chat _____ other _____

3. HAS THERE BEEN ANY TRAUMA IN YOUR LIFE, PAST OR PRESENT? PLEASE EXPLAIN

4. ARE YOU ON ANY MEDICATION? PLEASE LIST IT HERE AND TELL ME WHAT YOU TAKE IT FOR.

5. NAME 3 “PAIN” POINTS THAT YOU STRUGGLE WITH TODAY AND WOULD LIKE TO DISCUSS WITH THE DOCTOR. IF YOU NEED MORE SPACE, USE THE BACK OF THE PAPER AND SCAN IT TO ME.

6. WHAT ARE YOU HOPING TO GET OUT OF COUNSELING?

7. HOW DO YOU COPE WITH STRESS OR ANXIETY?
