

**DUQUESNE UNIVERSITY PSYCHOLOGY CLINIC** Appt. Date \_\_\_\_\_  
**CLIENT'S INTAKE FORM**

Thank you for filling out this form. It will help the person who interviews you to be efficient. Similarly, the information you provide in the interview will help the Clinic Director and your interviewer to select the most appropriate therapist for you or assist with a further referral. Your selected therapist will call you at least within a week of your interview to set up your first appointment.

In the meantime, do ask the interviewer (and then your therapist) any questions at all about our policies, and about the process of therapy. Also, you may want to review the FAQ sheet at the end of this form, and you are invited to take the FAQ pages home with you.

The person who interviews you will set up a time for you to take a couple of tests. Either that person or your therapist will discuss with you any patterns that might be relevant to your concerns and/or your work with your therapist.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip code

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work or cell)

May we leave a message at one or both numbers?      yes      no

Relationship status (single, married, divorced, etc.): \_\_\_\_\_

If you are a student: College, year, and major \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Annual Family Income: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical History

Current physician: \_\_\_\_\_

Current medications: \_\_\_\_\_

Past hospitalizations (list dates and reasons for hospitalization):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous psychotherapy or counseling (list dates and name of therapist or counselor):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what you hope for by coming to the Psychology Clinic; include any puzzling aspects of yourself that you would like to explore, and how you hope your life will be different by this time next year.

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What prompted you to come to the Clinic at this particular time?

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Hobbies/Activities/Interests:

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Please list some things that are going well for you:

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Please list some aspects of yourself that you would not want to change:

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In the past what has helped you to change habits, and/or achieve your goals? (Examples: other people's supportive attitudes, challenges to your assumptions, humor, nudging from others, seeing concrete alternatives, your own determination).

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What helps you to learn new ways of viewing situations? (Examples: keeping a journal, listening to friends, talking about your perspective, a regular time for reflecting, asking questions, reading).

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Please fill out the chart below: Family (Parents, siblings, spouse, partner, children);

Name	Relationship	Age	Health	Occupation	Where Located

How did you learn about the Psychology Clinic?: \_\_\_\_\_  
\_\_\_\_\_