Confidential Client Application/Intake Form

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone _____ Cell: _____

Date of Birth: _____ Gender: _____

Marital Status: _____ Partner's Name _____

Email: _____

Occupation: _____ Company: _____

Other members of household and ages: _____

_____

How did you hear about me: _____

_____

What would you like to focus on:

____ Acute or Chronic pain

____ Weight issues

____ Lack of confidence or low self-esteem

____ Depression or grief/sadness

____ Stress/anxiety

____ Relationship challenges

____ Fears or phobias

____ Balance work and personal life

____ Being more effective at work

____ Anger, frustration or resentment

____ Past trauma or painful memory

____ Feeling stuck, clutter or procrastination

____ Improving sports performance

____ Experiencing more joy/peace of mind

Also, please circle those issues you feel are most urgent.

Issues not mentioned above: _____

_____

Have you seen a therapist for these or any other issues, and if so, when? _____

_____

Becca Pronchick, CPCC 707-363-5532 pronchick.becca@gmail.com

What, if any, medications are you taking? _____

_____

Are you now, or have you ever been suicidal? If so when, and why? _____

_____

Do you or anyone in your family have a history of substance abuse? If yes, please specify: _____

_____

Do you have any medical condition(s)? _____

_____

Please answer the following questions:

1. If you were to live life over, what person or event would you prefer to skip? _____

_____

2. What makes you angry and why? _____

_____

3. If you were to live life over, what person or event would you prefer to skip? _____

_____

4. If you were to live life over, what person or event would you prefer to skip? _____

_____

5. What was the last time you cried and why? _____

_____

6. What is your biggest regret or sadness? _____

_____

7. What was your relationship like with your parents? _____

_____

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8. Are your parents living? _____ Mother _____ Father

9. What is your biggest regret or sadness? _____

_____

10. What is missing in your life to make it ideal? _____

_____

11. Who might feel uncomfortable, disappointed or threatened if all your issues were resolved? _____

_____

12. What do you wish you had done in the past, but didn't do? _____

_____

13. What is your biggest accomplishment? What are you most proud of? _____

_____

14. What is one positive goal you would like to achieve? _____

_____

15. How will your life be different when we handle your issues? _____

_____

16. If you had to guess the level of your guilt, shame, or remorse, which you feel for your own shortcoming or mistakes (for your whole life), what would it be 10 = A lot to 0 = None: _____

Any other comments about that? _____

_____

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Add any other information you would like to include here:

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