

***Fairmount Associates, LLC***

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[www.FairmountAssociates.com](http://www.FairmountAssociates.com)

**INTAKE INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_ FAX: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_ May we leave a message? Y / N

Employment Status *(please circle)* Full time Part time Temporary Unemployed/looking for work Disabled

Occupation: \_\_\_\_\_

Do you like your work? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_ Other (explain)

**Marital Status:**

\_\_\_\_ Never married \_\_\_\_ Domestic partnership \_\_\_\_ Married \_\_\_\_ Separated

\_\_\_\_ Divorced \_\_\_\_ Widowed

**Persons living in the same residence with you:**

Spouse or significant other:

Children: (ages)

Others: (relationship to you)

**(1) What is the main reason/s you are seeking counseling/support at this time?**

**(2) Are there other issues that you would also like to work on or explore:** (circle if they apply & explain briefly)

*Family/relationship Issues: Marriage, parenting, relatives, others;*

*Health/Nutrition Issues:*

*Employment/Career Issues:*

*Religious or Spiritual Issues:*

*Other:*

3. Have you seen other therapists, counselors, psychiatrists in the past? What kind and for what reasons?

4. Did you find this therapy or counseling helpful? If yes, why? If no, why not?

5. Are you now taking any prescription psychotropic medications for emotional issues? Have you taken any such medications in the past:

Now: \_\_\_\_\_ Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribed by:

Previously: \_\_\_\_\_ Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did these medications help you?

If not, do you know why?

Do you take any OTC medicine for “nerves” or to help you sleep? (Please specify what, how often, do they help)

6. How would you rate your current physical health? *(please circle)*

Poor    Unsatisfactory    Satisfactory    Good    Very Good    Excellent

Please list any specific health problems you are currently experiencing:

7. How would you rate your current sleeping habits? *(please circle)*

Poor    Unsatisfactory    Occasional Insomnia    Satisfactory    Good    Very Good

Please describe any specific sleep problems you are currently experiencing? Do you know the cause? What do you do to help you sleep better?

8. How many times per week do you generally exercise? What types of exercise do you participate in?

9. Please list any difficulties you are experiencing with your appetite or eating patterns.

Have you recently gained or lost more than 10 lbs?

10. Are you currently experiencing any of the following: **(please circle)**

Overwhelming sadness    Grief    Depression    Anxiety    Panic attacks    Phobias/fears    Chronic Pain

For how long:

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11. Do you find that you turn to or rely on alcohol or drugs to “get you through” your problems? Do you find that that helps?
12. Do you feel that use of drugs or alcohol impair your decision making or problem solving? If so, how?
13. Have you ever been hospitalized or gone into drug/alcohol treatment programs for any of this?  
If yes, what kind, for how long, and did it help?  
  
If you don't feel it helped, why/why not?
14. What other ways do you try to cope with your problems, stress?
15. Have you ever tried to injure yourself or tried to commit suicide? Have you ever had suicidal thoughts? Have you ever thought of hurting others? If yes to any of these, when, what did you do, what was the outcome?
16. What do you consider to be your greatest stresses right now?
17. Do you think that being part of a support group, with people with similar problems or issues would be helpful and an added support to you?
18. Is there anything else you feel I need to know or we need to discuss at this time, to make this counseling experience the most positive it can be for you?

**GENERAL INFORMATION:**

1. What do you consider to be some of your strengths?
2. What do you consider to be some of your weaknesses?
3. Do you have any hobbies?
4. What do you do for fun?
5. How do you handle anger, frustration?
6. Do you have a support system for yourself (*people you can go to when you need an ear, some help, someone who is willing to give you emotional support*)? Do you use them to help you through tough times?

7. Would you mind letting us know how you found us?

\_\_\_\_\_ Web:

(Where: (- eg. Google, Bing, business website, etc)

\_\_\_\_\_ Friend, Acquaintance

\_\_\_\_\_ Brochure, business card

(Where: eg.Gym, doctor's office, restaurant, community bulletin board, etc.)

\_\_\_\_\_ Doctor, Health Care Provider (who?)

\_\_\_\_\_ magazine, newspaper \_\_\_\_\_

(Which one(s)?)

\_\_\_\_\_ TV or Radio show (Which one/s)

\_\_\_\_\_ Seminar, Workshop (Which one, where)

\_\_\_\_\_ Craigslist

\_\_\_\_\_ Other \_\_\_\_\_

**THANK YOU!**

*Rev: 11/26/11*