

## Art for the Heart Counseling

1000 East Walnut Street, Ste 235

Pasadena, CA 91106

626 365-1242

Email: artfortheheartcounseling.com

### Specialized Group Intake Form, Adult

<b>Name:</b>			
<b>SS #:</b>	<b>Age:</b>	<b>DOB:</b>	
<b>Ethnicity/Race:</b>	<b>Religion:</b>	<b>Languages:</b>	
<b>Address:</b>			
<b>Telephone numbers:</b>	<b>Home:</b>	<b>Work:</b>	<b>Cell:</b>
<b>May I leave a message at the above number?</b>	<b>YES/NO</b>	<b>YES/NO</b>	<b>YES/NO</b>
<b>Preferred way to be contacted (circle one):</b>	<b>Home</b>	<b>Work</b>	<b>Cell</b>
<b>May I contact you by E-mail? YES/NO</b>		<b>Email:</b>	
<b>How did you hear about Art for the Heart Counseling?</b>		<b>Do you have any prior experience with Art Therapy?</b>	

*In case of an emergency, who may I contact on your behalf?*

<b>Name:</b>	<b>Relationship:</b>
<b>Phone Number:</b>	<b>Address:</b>

**Who are the significant family members in your life?** List parents, siblings, step family, and any other significant family members. **Indicate any members you feel particularly close to and supported by.**

Name	Age	Relationship	Feel Supported by Yes                  No


**Children:** (List all children, including biological, adopted, foster, and step children)

Name	Age	Relationship	City, State	Lives at home?
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO

<b>Do you have a primary care physician?</b> YES/NO	<b>Physicians name:</b>
<b>Are you under the care of a psychiatrist?</b> YES/NO	<b>Psychiatrists name:</b>

<b>Are you under the care of a specialist? YES/NO</b>					
<b>If yes, please circle type of specialist:</b>					
Cardiologist	Dermatologist	Endocrinologist	Gynecologist	Infertility	Nephrologist
Neurologist	Nutritionist	Occupational Therapist	Oncologist/ Hematoloist	Orthoedic Specialist	Pain Specialist
Physical Therapist	Psychiatrist	Rheumatologist	Sleep Specialist	Urologist	Other:

*Please list any chronic illness, disabilities, or medical conditions that you have been diagnosed with:*

Illness/Disability	Dates

*List all medications you are currently taking:*

Medication	Dosage	Treating

Are you taking the medications according to your doctor's recommendation? YES/NO		
If No, briefly explain:		

<b>How would you rate your overall sleep at the present time?</b>
(poor) 1 2 3 4 5 6 7 8 9 10 (excellent)
<b>Do you exercise on a regular basis? YES/NO If yes how often? _____ times per week.</b>
<b>If yes, please briefly describe activity:</b>
<b>How would you rank your overall diet on a scale from 1-10?</b>
(poor) 1 2 3 4 5 6 7 8 9 10 (excellent)

<b>Do you drink alcoholic beverages? YES/NO</b>	<b>If yes how many alcoholic beverages do you drink _____ weekly _____ daily</b>
<b>Do you smoke? YES/NO</b>	<b>If yes, how many cigarettes/packs do you smoke? _____ cig./day _____ packs/day</b>
<b>If yes, when did you start smoking?</b>	<b>Have you ever tried to quit? YES/NO</b>
<b>Have you in the past or currently: used, abused, or experimented with illegal drugs? YES/NO</b>	<b>If yes, briefly explain:</b>

<b>(If applicable) How would you describe your religious or spiritual belief system?</b>
<b>How often do you engage in religious/spiritual practices, ex., praying, attending services, meditating.</b>

<b>Have you ever attempted/seriously contemplated suicide? YES/NO</b>
<b>If yes, describe briefly and indicate dates:</b>

**Have you ever had a psychiatric hospitalization? YES/NO**

**If yes, describe briefly and indicate dates:**

**Therapy Experiences and Expectations:**

**Are you currently seeing another therapist? YES/NO**

**If yes, please indicate the therapist's name:**

**Have you ever been in individual therapy in the past? YES/NO**

**Have you ever been in group therapy in the past? YES/NO**

**If yes, how would you describe your treatment overall in individual and/or group therapy? Was it helpful?**

<b>Therapist</b>	<b>Location</b>	<b>Dates</b>	<b>Reason for therapy</b>

**Briefly describe your reason(s) for seeking group therapy at this time:**

**What goals do you wish to accomplish during the group therapy process?**

**Is there anything else you would think would be important for me to know about you?**

