

INTAKE: PT'S EVALUATION
MENTAL HEALTH AND MIND-BODY COACHING NEEDS:

CLIENT INFORMATION

Kindly fill in this information out prior to your first session. If you have questions you can address them with the clinician.

CLIENT'S NAME: _____ SEX: _____ D.O.B. _____ AGE: _____

HOME PHONE: _____ CELL PHONE: _____

MARITAL STATUS: Single _____ Married _____ (PARTNER'S NAME: _____)

Divorced _____, Separated _____, Widowed _____ (HOW LONG ? _____)

EMPLOYED _____ UNEMPLOYED: _____ OCCUPATION: _____

1. **REASON FOR REFERRAL:** Please write in your own words the emotional issues you would like to address:

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2. **PHYSICAL HEALTH:** Please list the medical issues in the order you wish to address:

Filled in by client

Filled in by clinician

- | | |
|----------|--------------|
| 1. _____ | Notes: _____ |
| 2. _____ | Notes: _____ |
| 3. _____ | Notes: _____ |
| 4. _____ | Notes: _____ |
| 5. _____ | Notes: _____ |
| 6. _____ | Notes: _____ |
| 7. _____ | Notes: _____ |
| 8. _____ | Notes: _____ |
| 9. _____ | Notes: _____ |

3. **LIVING ARRANGEMENTS/FAMILY COMPOSITION:** Who do you live with?

4. **WORK/FINANCIAL:** Please describe your experience with work, whether you have special training skills/ and whether you plan to go back to work if you are currently unemployed.

5. **CHILDHOOD DEVELOPMENTAL HISTORY:** Briefly describe nature and quality of childhood years, include developmental milestones to the best of your ability.

6. **PAST OR PRESENT MENTAL HEALTH TREATMENT:** NONE _____

* Please state when, the reason and whether you were hospitalized in a psychiatric facility.

If you are currently receiving mental health treatment it is important we establish contact with your current provider to coordinate care.

NAME AND ADDRESS OF TREATING PSYCHIATRIST: NONE _____

Name: _____ Phone: _____

PSYCHOTROPIC MEDICATIONS (Used to treat mental health issues): NONE _____

NAME: _____ DOSAGE: _____

NAME: _____ DOSAGE: _____

NAME: _____ DOSAGE: _____

NAME: _____ DOSAGE: _____

7. **EDUCATION:** Describe quality of schooling experience, highest grade/degree of education.

8. **HISTORY OR PRESENT SUBSTANCE USE/ABUSE/DEPENDENCY:** Yes _____ No: _____

9. **OTHER ADDICTIONS (SUBSTANCES (I.E. FOOD, SUGAR ETC.), RELATIONSHIPS (WITH WHO? NATURE OF THE RELATIONSHIP), BEHAVIORS (I.E.) INTERNET, NAIL BITTING):**

10. **USE OF LEISURE TIME:** Do you have any recreational activities, hobbies, social skills, social supports i.e. church involvement, community center etc.

11. **ETHNIC/CULTURAL IDENTIFICATION:** Do you identify with any specific culture? What cultural heritage do you identify with? Did you emigrate from another country? If 'yes' how many years ago?

12. **OTHERS INVOLVED IN CLIENT'S CARE: Are there people involved in your care ?**

13. **PRIOR EXPERIENCE WITH HOLISTIC METHODS OF MH OR SPIRITUAL HEALING:** Have you ever experienced any method of holistic emotional or spiritual healing? **(HYPNOTHERAPY, BREATHWORK, RE-BIRTHING SESSIONS OR OTHER)** Yes _____ No _____ (If 'yes' Please state quality the quality of your experience and if you gained anything from that experience .

13. CORE FEELINGS AND EMOTIONS: Please check and specify if and when you have the following emotions:

A. ___ Irritation ___ Frustration ___ Resentments ___ Anger ___ Rage

Towards whom? _____

How is it expressed? _____

B. ___ Anxiety ___ Fear ___ Panic ___ Terror

List situations and triggers _____

C. ___ Hurt ___ Sadness ___ Grief ___ Remorse ___ Distraught

List situations and people linked with these emotions:

D. ___ Loneliness ___ Disconnected ___ Emptiness ___ Abandoned

List situations and people linked with these emotions:

E. ___ Embarrassed ___ Humiliated ___ Shamed

List situations and people linked with these emotions:

F. ___ Guilt ___ Remorse

List situations and people linked with these emotions:

Where do you see yourself in the following patterns of relating to /with others?

A. VICTIM:

Who plays this role in your family? _____

___ Poor me, I am used, I am abused, helpless

___ Many resentments

___ I feel constantly abandoned

___ I feel very much like a failure

___ I have addictive patterns to:

___ food ___ substances ___ people/relationships ___ work ___ internet ___ TV

B. RESCUER:

Who plays this role in your family? _____

___ "Look at all I do for you? –How can you treat me like this?"

___ Martyr, suffers, has no needs

___ Caretaker for everyone else

___ Enabler

___ Addictions ___ food ___ substances ___ people/relationships ___ work ___ internet ___ TV

C. PROSECUTOR

Who plays this role in your family? _____

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___ **Blames**

___ **Withdraws**

___ **Punishes**

___ **Abuses**

___ **Lays guilt trips**

___ **Addictions** ___ **food** ___ **substances** ___ **people/relationships** ___ **work** ___ **internet** ___ **TV**

14. CO-DEPENDENCY PATTERNS:

1. ___ **Addictions:**

___ **food** ___ **substances** ___ **people/relationships** ___ **work** ___ **internet** ___ **TV**

2. ___ **People pleasing behaviors to an extreme**

3. ___ **Lack of assertiveness**

4. ___ **Lack of boundaries** (Invading others or feeling invaded upon)

5. ___ **Unhealthy/unfulfilling relationships**

6. ___ **Addicted to chaos/drama**

7. ___ **Emotional abandonment**

8. **Abuse:** ___ **Physical** ___ **Sexual** ___ **Neglect** (No one was there for you)

Spiritual (Need to hide belief system or being punished for believing or not believing a certain way).

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15.GOALS STATED BY CLIENT: What do you want to achieve in your treatment?

The goals can be on the physical, mental, emotional or spiritual levels)

1. _____

2. _____

3. _____

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4. _____
5. _____
6. _____