

Nicola M-L Ranson, LCSW

Name: _____

Intake date : _____

Address: _____

Date of birth: _____

Phone: _____

Cell: _____

Email: _____

Emergency Contact: _____

Phone: _____

1. Please describe whom you consider your immediate family &/or support system:

2. Objective for coming to therapy:

3. Any current or past major medical problems &/or surgeries (if in past, year or age).

4. Current medication :

5. Past history of counseling or emotional/mental health difficulties/diagnoses :

6. Past history of trauma, abuse or accidents. Please include birth trauma/complications:

7. Are you now, and have you ever been suicidal? If so, please describe:

8. Have you ever physically hurt another, or do you want to now? If so, please describe:

9. Please describe your drug & alcohol use & history:

10. What do you do to relax?

11. Personal strengths & resources (within yourself and within your community):

12. Anything else you would like the therapist to know about you in order to better understand you:

13. Who or what drew you to this therapist? If the answer is website, please indicate which one:
