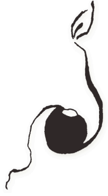


Katie Talbott MA, LMHC
MINDFULNESS-BASED COUNSELING

INTAKE

I intend our counseling relationship to be a safe and rewarding experience of self-exploration and growth for you. The information on this intake helps me begin to understand the context of your life. If you are hesitant to answer any of these questions before meeting me in person, bring it to the first session so we can discuss it together.

Name:____ Date :___________________

Address:____

Phone: Home (_____)__________________ Work (_____)_______________________

Cell (_____)_____________ E-mail Address:_______________________________________

Emergency Contact: Name___________________________ Phone: (_____)_______________

Relationship to you____

Relationship Status (Single, Dating, Partnered, Married, Divorced, Separated): _______________

____

Children (names and ages):____

____

Education:____

Age:____ Gender:_________ Ethnic/Cultural Identification:___________________________

Spiritual practices (at present and growing up):_______________________________________

____

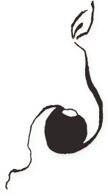
Are you currently being treated by a medical practitioner? Yes____ No____
If yes, for what purpose?____

Name of Medical Practitioner: ____
Do you have any chronic medical conditions? Yes____ No_____

If yes, what are they and how do they affect you?______________________________________

____

720 North 35th St, Suite 201, Seattle, WA 98103 WA State Credential #: LH60459215
(206) 335-5677 katie@katietalbott.com www.katietalbott.com



Katie Talbott MA, LMHC
MINDFULNESS-BASED COUNSELING

INTAKE

Current medications:____

____

Have you ever received a mental health diagnosis? If so, what was it?__________________

____

Have you ever been hospitalized for a mental condition? ____________________________

____

Have you ever considered or attempted suicide? If so, describe the circumstances.__________

____

____

Any major traumas or losses in your history?_______________________________________

____

____

Has anyone in your family had mental health issues?________________________________

____

Are you or someone you know concerned about your drug/alcohol use?_________________

____

Was/Is drug or alcohol use a problem in your family?_______________________________

What prior experience do you have with counseling or therapy? What was helpful or not helpful?____

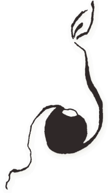
____

____

____

Who referred you to me, or how did you find my practice info?_________________________

If a person referred you, is it okay to send a thank you? YES NO



INTAKE

What is your reason for starting therapy? Was there a specific event that caused you to call?

Check any areas that apply to your reason for seeking therapy at this time:

______Self esteem

______Depression, sadness

______Anxiety, worry, fear

______Panic attacks

______Sleep difficulties (too much/little)

______Nightmares

______ADD/ADHD

______Relationship issues

______Sexual issues

______Infidelity

______Suicidal thoughts

______Suicidal actions

______HIV/AIDS

______Health concerns

______Food issues

______Alcohol/drug issues (client)

______Alcohol/drug issues (other)

______Work issues

______Academic issues

______Spiritual questions

______Difficulty getting pregnant

______Recent move

______Stress

______Children moving out

______Ill or elderly family member

______Aging issues

______Death of a loved one

______Other losses and/or recent trauma

______Challenges due to gender, ethnicity, culture, religion or sexual orientation

OTHER____

____

720 North 35th St, Suite 201, Seattle, WA 98103 WA State Credential #: LH60459215
(206) 335-5677 katie@katietalbott.com www.katietalbott.com