Body Appreciation and Self-Kindness, LLC
Kerry R. Luke, Psy.D.-Clinical Psychologist
Mailing address: 150 Wells Street, Unit 881, Erie, CO 80516
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PATIENT INFORMATION **DATE:**_____

Name:_____

Preferred Name:_____

Preferred Name: He ☐ She ☐ They ☐ Ze ☐ Pronoun not listed ☐

No pronoun preference ☐

Gender Identity: Female ☐ Male ☐ Trans Female ☐ Trans Male ☐
Genderqueer/Gender Non-conforming ☐ Other ☐

Home Address:_____

City_____State_____Zip_____

Is it ok to contact you by phone? Yes/No

Is it ok to leave a voicemail message? Yes/No

Preferred phone number:

Home_____Work_____Cell_____

Sex: M/F/X Marital Status_____ DOB_____AGE_____

For Emergency Use:

Nearest relative or friend who does not live with you:

_____

Relationship_____Phone_____

Address_____City_____State_____Zip_____

Why are you seeking therapy? What do you want to work on?

_____

_____

Why are you seeking therapy now?_____

_____

How were you referred to therapy?_____

Referring provider (if applicable)_____

Counseling History:
Previous counseling? Yes/No
Did you see a counselor/therapist, clinical psychologist, psychiatrist? (Circle all that apply)
Where and what was the name of your previous provider?
_____
_____
_____

Dates Seen:_____
What were you seen for?_____
_____
Why did it end?_____

Substance Use History:
Do you consume alcohol? Yes/No How often?_____
How much?_____

Do you use other substances?_____
What are the names?_____
How often?_____
How much?_____

Have you ever been treated for drug/alcohol use/addiction? Yes/No
When?_____
By Whom?_____
Has anyone ever told you that you needed treatment for drugs/alcohol?_____
If so, who?_____

Medication History:
Current Medication(s), including over the counter, vitamins, herbal supplements:_____
Current Prescriber (if applicable):_____
Give name, quantity, reason(s) _____
Past Medications and what they were treating:_____
_____

More History:

Where are you from?_____
Employment/work status? Full-time____ Part-time ____ Unemployed _____
How stressful is your job? Not at all____ Low ___ Medium ____ High_____
Highest grade completed in school?_____
Are you a student? Y/N
Current school and grade:_____
School status: Full-time_____ Part-time_____Online program? Y/N
Did/do you have any problems in school? Please describe._____
_____
_____

Parents living or deceased?_____
Are your parents married/divorced/separated?_____
Siblings? Y/N
How many?_____Ages:_____
How would you describe your relationship(s) with your sibling(s)?_____
Marital status of yourself?_____
Times married:_____
Number of Pregnancies:_____
Do you have children?_____How many?_____
Ages?_____Gender:_____
Describe any relationship problems within your family and family of origin._____
_____
How would you describe your social support?_____
_____
_____
Who is a part of your social support/circle?_____
_____
Social Problems? Yes/No Explain_____
Sexual Problems? Yes/No Explain_____
Are you sexually active? Yes/No_____
Financial Problems? Yes/No Explain_____
Medical Problems? Yes/No Explain_____
Hospitalizations?_____
Psychiatric hospitalizations? Y/N
If yes, when, where, and why?_____
Legal Problems? Yes/No? Past/ Present_____

Have you ever been arrested? Yes/No Explain_____
Have you ever been convicted of a crime? Yes/No Explain_____

Functioning:
Describe the quality and amount of sleep you get each night._____
_____

Any problems with sleep? If yes, please describe._____

Do you use sleep medications?_____
If so what? _____How often?_____

Describe your eating habits._____

Ever engaged in compensatory behaviors to manage weight (e.g. diet pills, self-induced vomiting, laxatives, diuretics, fasting, restricting, excessive exercise, etc.)? Y/N

Are these behaviors current?_____
What are they and how often do you engage in them?_____

What do you like to do for fun?_____Self-care?_____

What are some qualities about yourself that you like and/or that other people admire about you?
_____
_____

Are there any other points that you would like to address or would like me to know to facilitate our working together?
_____
_____
_____

Thank you for taking the time to complete this intake form.