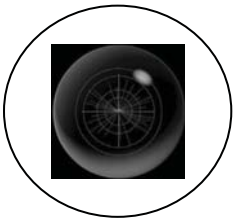

INTEGRAL INTAKE

Andre Marquis, Ph.D.

University of Rochester

Client's Name _____ Age_____ Date First Seen _____

Home Phone (_____)_____ (message: Y/N) Work Phone (_____)_____ (message: Y/N)

Address _____City_____ Zip_____

Date of Birth _____ Gender (M/F) Referral Source _____

Emergency Contact: Name _____ Phone (_____)_____

(Please use the back side of this form if you need more space to respond to *any* of the questions)

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

_____

_____

_____

_____

_____

What makes it better? What makes it worse? _____

_____

_____

_____

Are there any ***immediate*** challenges or issues that need our attention? Yes/No If yes, please describe.

_____

_____

_____

_____

Have you had previous counseling or psychotherapy? Yes/No From when to when? With whom?

_____

_____

_____

_____

What was your experience of therapy? (What was your previous therapy like?)

What was most helpful about your therapy?

What was least helpful about your therapy?

What did you learn about yourself through your previous therapy?

What do you expect from me and our work together?

EXPERIENCE: Individual-Interior

What are your strengths?

What are your weaknesses?

How would you describe your general mood/feelings?

What emotions do you most often feel most strongly?

What are the ways in which you care for and comfort yourself when you feel distressed?

How do you deal with strong emotions in yourself?

How do you respond to stressful situations and other problems?

How do you make decisions (for example, do you use logic and reason, or do you trust your gut and heart)?

Are you aware of recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe.

Have you *ever* attempted to seriously harm or kill yourself or anyone else? Yes/No If yes, please describe.

Are you *presently* experiencing suicidal thoughts? Yes/No If yes, please describe.

Has anyone in your family ever attempted or committed suicide? Yes/No If yes, please describe.

Have there been any serious illnesses, births, deaths, or other losses or changes in your family that have affected you? Yes/No If yes, please describe.

What is your earliest memory?

What is your happiest memory?

What is your most painful memory?

Where in your body do you feel stress (shoulders, back, jaw, etc.)?

_____

_____

_____

Do you have ways in which you express yourself creatively and/or artistically? Yes/No If yes, please describe.

_____

_____

_____

_____

Describe your leisure time (hobbies/enjoyment). _____

_____

_____

_____

Have you ever been a victim of, or witnessed, verbal, emotional, physical, and/or sexual abuse? If yes, please describe.

_____

_____

_____

In general, how satisfied are you with your life?

Not at all 1 2 3 4 5 6 7 Very

In general, how do you feel about yourself (self-esteem)?

Very bad 1 2 3 4 5 6 7 Very good

In general, how much control do you feel you have over your life and how you feel?

None at all 1 2 3 4 5 6 7 A lot

Please mark any of the following feelings or experiences you've had recently, or have had sometimes in the past:

_____ Angry
_____ Sad
_____ Lonely
_____ Afraid
_____ Anxious/worried
_____ Shameful/guilty
_____ Jealous
_____ Happy
_____ Grateful/thankful
_____ Sexual/erotic
_____ Excited
_____ Energetic
_____ Hopeful
_____ Relaxed/peaceful
_____ Other emotions you often feel:

_____ Difficulty concentrating
_____ Little interest or pleasure in doing things
_____ Poor or excessive appetite
_____ Feeling hopeless
_____ Feeling helpless
_____ Having much more energy than normal
_____ Thoughts racing through your head
_____ Needing less sleep than normal
_____ Thoughts that you would be better off dead
_____ Desire to harm yourself
_____ Hearing or seeing things not actually there
_____ Thoughts that seem strange but that you can't seem to stop
_____ Fear that someone is trying to harm you

_____

_____

_____

BEHAVIOR: Individual-Exterior

Please list any medications you are presently taking (dosage/amount and what the medication is for).

_____

_____

Do you have a primary care physician? Yes/No If yes, who is it? _____

Height _____ Weight _____lbs.

When was your last physical?_____Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)?

_____

_____

_____

Have you ever suffered a head injury or other serious injury? Yes/No If yes, please describe.

_____

_____

What other significant medical problems have you experienced or are you experiencing now?

_____

_____

Please mark any of the following behaviors or bodily feelings that are true of you:

_____ Drink too much
_____ Use illegal and/or mind-altering drugs
_____ Eat too much
_____ Eat too little
_____ Neglect friends and family
_____ Neglect self and your own needs
_____ Difficulty being kind and loving to yourself
_____ Act in ways that end up hurting yourself or others
_____ Lose your temper
_____ Seem to <u>not</u> have control over some behaviors
_____ Think about suicide
_____ Have difficulty concentrating
_____ Spend more money than you can afford to
_____ Crying
_____ Any other behaviors you would like me to know about?

_____

_____ Headaches
_____ Menstrual problems
_____ Dizziness
_____ Heart tremors
_____ Jitters
_____ Sexual pre-occupations
_____ Tingling/numbness
_____ Excessive tiredness
_____ Hear or see things not actually there
_____ Blackouts
_____ Do you have any other bodily pains or difficulties? Yes/No If yes, what are they?

_____

_____

In general, how would you rate your physical health?

Very unhealthy 1 2 3 4 5 6 7 Very healthy

Describe your current sleeping patterns (When do you sleep? How many hours per 24 hrs? Do you sleep straight through or do you wake up during sleep time?). _____

_____

Do you feel rested upon waking? Yes/No

Describe your usual eating habits (types of food, and how much). _____

_____

_____

Do you take vitamins and other nutritional supplements? Yes/No If yes, please describe.

_____

_____

Describe your drug and alcohol use (both past and present). _____

_____

_____

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

_____

_____

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

_____

_____

CULTURE: Collective-Interior

Describe your relationships, including friends, family, and co-workers.

_____

_____

_____

_____

What is important and meaningful to you (what matters the most to you)?

_____

_____

_____

_____

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 5 6 7 Very

In general, how comfortable are you in social situations?

Not at all 1 2 3 4 5 6 7 Very

In general, how satisfied are you with your religion/spirituality?

Not at all 1 2 3 4 5 6 7 Very

Which emotions were encouraged or commonly expressed in your ***family of origin*** (family you grew up with)?

Which emotions were discouraged or not allowed in your ***family of origin***?

What emotions are most comfortable for you now?

What emotions are most uncomfortable for you now?

How do you identify yourself ethnically? How important is your ethnic culture to you?

How did your ***family of origin*** express love and care?

How does your ***current family*** express love and care?

How did your ***family of origin*** express disapproval?

How does your ***current family*** express disapproval?

Describe your romantic/love relationships, if any.

Describe your sex life. How satisfied are you with your sex life?

What beliefs do you have about sex? How important to you are those beliefs?

Do you have a religious/spiritual affiliation and/or practice? Yes/No If yes, please describe.

What beliefs do you have about religion/spirituality? How important to you are those beliefs?

What are some of your most important morals? How important to you are those morals?

Describe any political or civic involvement in which you participate.

Describe any environmental activities in which you participate (recycling, conserving, carpooling, etc.).

Are you involved with any cultural activities or institutions? Yes/No If yes, please describe.

Have you ever been a victim of any form of prejudice or discrimination (racial, gender, etc.) or felt that you were disadvantaged in terms of power and privilege in society? Yes/No If yes, please describe.

SOCIAL SYSTEMS: Collective-Exterior

Describe your current *physical* home environment. For example, describe the layout of your home, and other general conditions, such as, privacy, is it well-lighted?, do you have A/C?, heating?, etc.

Describe your neighborhood. (Is it safe/dangerous, nice/unpleasant, quiet/loud, etc.?)

_____

_____

Describe your current *social* home environment (how would an outside observer describe how you get along with those who live with you?). _____

_____

_____

Describe your work environment (include co-workers and supervisors who directly affect you).

_____

_____

Do you have a romantic partner? Yes/No Have you been married before? Yes/No If yes, please describe.

_____

_____

Do you have pets? Yes/No How important are they to you? _____

_____

_____

Have you served in the military? Yes/No If yes, please describe.

_____

_____

Are you currently involved in a custody dispute? Yes/No If yes, please describe.

_____

_____

Have you had any involvement with the legal system (incarceration, probation, etc.)? Yes/No If yes, please describe.

_____

_____

What aspects of your life are stressful to you? Please describe.

_____

_____

_____

What sort of support system do you have (friends, family, or religious community who help you in times of need)?

_____

_____

_____

_____

List your ***family of origin*** (family you grew up with), beginning with the oldest, include parents and yourself.

Name	Age	Gender	Relationship to you (include "step" and "half" etc.)

What is your educational background?

_____

_____

What is your occupation? _____How satisfied are you with the type of work you do?

Not at all 1 2 3 4 5 6 7 Very

What is your yearly income? $_____ per year. How satisfied are you with your standard of living?

Not at all 1 2 3 4 5 6 7 Very

List your ***current family*** or all the people you currently live with (begin with the oldest person and include yourself).

Name	Age	Gender	Relationship to you (include "step" and "half" etc.)

Describe any family history of mental illness. _____

_____

_____

_____

Are you involved with any organizations? Yes/No If yes, please describe.

_____

_____

_____

_____

Do you participate in any volunteer work? Yes/No If yes, please describe.

_____

_____

_____

_____

Please mark any of the following that you experienced difficulty or problems with. Also indicate to the right of the problem in the parentheses ( ) your approximate age when the difficulty or problem occurred:

_____ nursing and/or eating ( )
_____ toilet training ( )
_____ crawling or walking ( )
_____ talking ( )
_____ nail biting or other nervous habits ( )
_____ going to school/ separating from caregivers ( )
_____ cruelty to animals or people ( )
_____ serious illnesses or injuries ( )
_____ academic problems ( )
_____ social problems ( )
_____ moves or other family stresses ( )
_____ abuse (emotional, physical, or sexual) ( )
_____ any problems with sexual maturation ( )
_____ being made fun of or joked about at school, home, or elsewhere ( )
_____ self-destructiveness (risky sex, eating problems, drug use, excessive risk-taking, etc.) ( )
_____ fitting into social groups ( )
_____ standing up for what you believe in when it differs from your peers' views ( )
_____ making important decisions, especially when they differ from social norms ( )
_____ any existential dilemmas ( )
_____ any religious and/or spiritual experiences (these could be completely positive) ( )

The following is a list of various parts, aspects or *subpersonalities* that many people notice within themselves in certain situations, but not in others. Please mark any of the following that you have experienced difficulty or problems with. Often, it is only after the fact that we notice that we were behaving, thinking, or feeling in a problematic manner. Also, please indicate to the right of the problem the situation or context in which you noticed this part of yourself.

_____ irresponsible child _____
_____ critical parent _____
_____ dominating "top dog" _____
_____ prone-to-fail "underdog" _____
_____ overly-harsh judge or critic _____
_____ false or phony self _____
_____ unworthy, not-good-enough self _____
_____ grandiose, better-than-everyone-else self _____
_____ other, please describe _____
_____

_____

Is there anything else you want me to know about? (Use the back of the page if you need to.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____