

Michele Barbic LMFT #98730

1925 S. Winchester Blvd
Suite #106
San Jose, California 95008
Mb4therapy@gmail.com
408-234-6392

Intake Form

Date of first appointment:

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Referred by:

Medical Provider:

Insurance Provider:

Website at <http://www.drliori.com>

Psychology Today website

Friend/Family:

Have you previously received any type of mental health services? No Yes

If yes, which of the following:

psychotherapy medication outpatient hospitalizations inpatient hospitalization

Please provide:

Name of provider or facility:

Location:

Dates of treatment:

Reason for treatment:

Briefly, what brings you in today?

When did your problem first start? Within the last:

30 days 6-12 months 2 years During adolescence During childhood

What areas of your life have been affected because of this problem?

Are you currently experiencing overwhelming sadness, grief or depression?

No
 Yes

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias?

No
 Yes

If yes, when did you begin experiencing this? _____

Please describe any major losses or traumas you have experienced:

What significant life changes or stressful events have you experienced recently?

What would you like to accomplish out of your time in therapy?

Physical Health

Please list any medications, herbs, or supplements. Be sure to include the condition, as some medications are prescribed for off-label use. Continue on the back if needed, or provide a separate list. If you have a complicated medical profile, please supply supporting documentation to be able to facilitate a comprehensive understanding of your health.

Medication/Supplement	Dosage	Condition	Began/Stopped

Prescribing provider and contact information: Name:

Specialty:

Facility:

Phone, email, or Fax:

Additional Information

What do you enjoy about your work (full-time homemaker included)? If retired, what did you enjoy about your work?

What do you find particularly stressful about your current or previous work?

What do you enjoy doing in your free time? What do you do to relax?

Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

What do you consider to be some of your strengths?

What do you consider to be some of your weakness?