

*Intake - Please type/fill out the information below and return it to Jeff S. Finch, LCSW at CTOMontana@gmail.com.*

**Today's Date:**

**Name:** (first name last initial)?

**Birth Date:**

**Treatment Plan Information**

**1. Present diagnoses/conditions/disorders/illness:** example; depression, anxiety, eating disorders, addiction(s)?

**2. Issues/Problem(s):** Purpose in seeking treatment/What is/are the present issue(s), problem(s)?

**3. Treatment General Goals:** What general goals do you have for treatment?

**4. Objectives:** What specific things do you want to accomplish?

**5. Treatment Strategy/Interventions:** What works or has worked in the past?

**6. Duration:** What is your estimated completion time (when would you hope to be done)?

**7. Frequency of treatment:** How often would you like to meet (twice a week, weekly, bi-weekly, monthly, etc.)?

**Background information**

**8. Identification:** Your age, ethnicity, religion, marital status, referral status, etc?

**9. History of Present Problems:**

What have been/are your Symptoms/what has/is going on (mood, thinking and behaviors-example; sadness, grief, depression, anxiety, stress, eating-sleeping- work/school issues, addiction(s) etc?

Onset/when did it start?

Duration/how long has it been going on?

Frequency/how often has it been happening?

Other?

**10. Past Psychiatric History:** Prior treatment, symptoms/what was going on (mood, thinking and behavior) diagnoses/conditions/disorders/illness (example; depression, anxiety, addiction disorders), hospitalization,

**11. Trauma History:** Nature of trauma, when occurred, persons involved, etc?

**12. Family Psychiatric History:** History of mental illness in family, diagnoses etc?

**13. Medical Conditions and History:** current and past medical conditions, treatments, allergies etc?

**14. Current Medications:** medication, dosage, purpose, prescribing physician, etc?

**15. Substance Issues:** substance, start date, last used, amount, frequency, etc?

**16. Sexual Issues:** intimacy concerns, pornography issues, date issues started, frequency, etc?

**17. Family History:** family of origin, relationship with parents, siblings, significant others (s), etc?

**17. Social History:** significant relationships, social support, nature/quality of relationships, etc?

**18. Developmental History:** developmental milestones, delays, etc.

**19. Educational/Occupational History:** level of education, current/past employment, etc?

**20. Legal History:** arrest history, sentencing, DUI occurrences, incarceration, litigation, etc?

**21. Strengths/Limitations:** what are your strengths and limitations, etc.?

**Other information:**

**Suicide/Homicidal:** Suicide ideation/attempts, plans, means?

Homicidal ideation/attempts, plans, mean(s)?

Any other Safety concern (s)?

*When suicidal, self harm and/or homicidal thoughts are present, please process these*

*Issues with your therapist every time you meet and/or call 911 or go to the nearest emergency*

*Center, hospital ER and call national and local suicidal/crises hot lines for support.*

*Will you promise to do this and keep yourself and others safe while being a client with*

*Jeff S. Finch, LCSW?*

*Yes*

*Maybe*

*No*

*When in agreement please type/sign your full name and date?*

*Client Full Name:*

*Date Signed:*

*Spouse/Partner (primary and/or couple therapy) or Guardian(s) (of a minor child)*

*Full Name:*

*Date Signed:*

*Full Name:*

*Date Signed:*