

**Solace Psychological Services, PLLC  
2500 N. Tucson Blvd. #108  
Tucson, Arizona 85716**

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**Intake Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESENTING PROBLEM:** (Briefly described why you are seeking help)

**DEMOGRAPHIC INFORMATION**

**Sex:** F \_\_\_ M \_\_\_                      **Age:** \_\_\_\_\_                      **DOB:** \_\_\_\_\_

**Ethnicity/Race:**

**Relationship Status:** Married              Divorced              Separated              In a committed Relationship  
Single              Other

**EDUCATION HISTORY**

**Highest Level of Education:**

**Problems in school:**

**Grades in school:**

**WORK HISTORY**

**Current Occupation:**

**How long have you been with this company or been in this position?**

**Any problems with coworkers, employees, supervisors?**

**Ever been fired from a job?**

## **CHILDHOOD**

**Briefly describe your childhood in a few words/sentence.**

**Socialization:**

**Any significant events that occurred in childhood?**

**Any significant events that occurred in adolescence?**

**Who was the primary disciplinary in your household?**

**Father:**

**Age:**

**Occupation:**

**Education:**

**Addictions:**

**Describe your relationship with your father.**

**Mother:**

**Age:**

**Occupation:**

**Education:**

**Addictions:**

**Describe your relationship with your mother.**

**Describe the relationship between your mother and father.**

**Any siblings?**

**Describe relationship with siblings.**

## **ADULTHOOD**

**Any significant events that occurred as an adult?**

**Relationship Status (Include how many years together, and briefly describe the relationship with your partner)**

**Previous marriages**

**Children (Include names and ages, and describe your relationship with each child)**

## **MEDICAL INFORMATION**

**Any medical problems at this time?**

**In the past?**

**Medications (Include name, dose, and when taken)**

**How much exercise do you get in a week?**

**How much sleep do you receive in a night?**

**Trouble falling or remaining asleep?**

## **PSYCHIATRIC HISTORY**

**Scale of 1-10 with 1 being low and 10 being high**

**Depression –**

**Suicidal thoughts, previous attempts, plan –**

**Homicidal thoughts –**

**Anxiety –**

**PTSD –**

**Obsessions/Compulsions -**

**Hallucinations (Auditory/Visual)**

**Hospitalizations (Include when, where and why you sought treatment and what was the outcome) –**

## **ADDICTIVE HISTORY**

**Alcohol Use (How much, how often, and how long?) –**

**Drug Use (How much, how often, and how long?) –**

**Other Addictions (Consider prescription drugs, exercising, gambling, sex, online behaviors, food, work, shopping, etc.)**

### **RELIGION/SPIRITUALITY**

**What faith were you raised in?**

**What do you currently practice?**

**How important is religion/spirituality?**