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Intake Questions

Client's name: _____ Date: _____

Who or where did you get a referral from: _____

OK to thank referrer? Yes No

Introductory questions

1. Who suggested that you come to see me? _____

Essential information

2. Previous psychological episodes, treaters, and treatments.

a. For what?

b. Where/by whom?

c. Treatment(s)?

d. When (from-to)?

e. Outcomes?

f. Satisfaction/difficulties?

g. Any Releases of Information to other providers, family members? Yes No

If yes, the therapist will provide a Release of Information form.

3. History

a) History of abuse. (verbal, emotional, physical, sexual abuse; marital, elder, childhood, family-of-origin abuse.)

b) Health problems. (Injuries, illnesses, allergies, eating patterns, exercise, sleep, sex; all current medications; last exam by an MD?)

c) Legal history. (Involvement with the law/police, arrests; charges lodged—civil and criminal; consequences, sentences; litigation anticipated, pending or in past.)

d) Family of origin. For all relatives: culture/ethnicity, mental health, religion, schooling, occupations, marriages, legal issues.)



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e) Substance use history. (For client, family of origin, current family: Alcohol, drugs—street and prescription, chemicals, caffeine, tobacco; current and past use.)

f) Current relationship/family situation. (duration, transitions, stressors; number and ages of children; problems with or concerns about children; relationship issues)

Optional questions

1. What changes do you hope therapy will lead to?

2. What do you want to change about yourself?

3. How will therapy help you make these changes?

4. What are your major strengths?

5. What are your goals?

6. What spiritual or religious issues are important to you? How does your culture, heritage, etc., influence you?

7. Is there anything we haven't talked about that is relevant or important, or that you feel I should know about?