

THERESA DANIEL

NEW CLIENT INTAKE FORM

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date of birth: _____ Sex: _____ Marital status: _____

Occupation: _____ Education: _____

How did you hear about us? _____

Please answer the following questions. All information will remain confidential.

On a scale of 1 to 10 with ten being the highest, circle the number that represents how you would describe yourself.

	Not at all	Somewhat	Above Average	Agree
I am optimistic.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my life.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my health.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my financial situation.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my social life.	1 2	3 4 5	6 7 8	9 10
I feel good about my personal relationships.	1 2	3 4 5	6 7 8	9 10

1. What are your three most significant accomplishments?

2. What are your three most significant disappointments?

3. Describe your top three strengths.

4. Describe your most aggravating weakness.

5. I am happiest when I _____

6. I feel lowest when I _____

7. How would you describe your state of health? _____

8. How would you describe your state of well-being? _____

9. If I could do anything, I would _____

10. Describe any goal(s) or desire(s) that you have yet to fulfill. _____

11. What has hampered you from achieving your goal(s) or desire(s)? _____

12. People like me because I am _____
