## PAULA POHLHAMMER, MSMFT LCPC

## Intake and Demographic Information

In order to make the most of each appointment please write some basic information in advance of your first appointment. Although this information is confidential, if you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

| Complete name                    | e:                                 |                     |          |                                      |
|----------------------------------|------------------------------------|---------------------|----------|--------------------------------------|
| Address:                         |                                    |                     |          |                                      |
| City:                            | Sta                                | te: IL              | Z        | ip Code:                             |
| Email address:                   |                                    |                     |          |                                      |
| Preferred # to call (X)          | OK to leave<br>message Y/N         |                     |          |                                      |
|                                  |                                    | Home phone          | numbe    | r:                                   |
|                                  | Work phone number:                 |                     |          |                                      |
|                                  |                                    | Cell phone nu       | mber:    |                                      |
| Birthdate:<br>Current Occup      | oation & Emplo                     | Birthplace:<br>yer: |          |                                      |
| Relationship st<br>Spouse/partne |                                    | Age:                |          | Years in relationship/married:       |
| Children (gend                   | er, age):                          |                     |          |                                      |
|                                  |                                    |                     |          |                                      |
| Is there anyone                  | e else who lives                   | in the househo      | ld? If s | o, whom?                             |
| Please describe affect you/you   |                                    | current or pass     | medic    | al problems and describe how they    |
|                                  |                                    |                     |          |                                      |
|                                  | medications you<br>d the dosage of |                     | . Includ | de prescription and over-the-counter |

The purpose of the following questions is to gather initial information and give me a sense of the nature of the problem, what you have tried, what worked and what did not in the past. You will not be judged by your answers or by your decision to refrain from answering any of these questions. You may also add information that you believe might be useful for me to have.

Have you had previous therapy?

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Have you ever been hospitalized for a psychological difficulty?

If yes, please give the dates and the nature of the difficulty at the time:

In your own words, what is the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like

Therapy can be a powerful force for change. To be most effective it helps to have a clear and specific goal. You may find it difficult to express a goal for therapy however please make an initial effort and we can discuss this further. Feel free to list more than one goal if you wish.