

*Susan L Reviere, PhD*  
*Licensed Psychologist*

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Druid Pointe, 2751 Buford Highway, NE, Suite 401, Atlanta, Georgia 30324 ~ Phone 404.639.5556 ~ Fax 404.639.5558

## New Client Intake & Psychosocial History

**\*\*\*Please take the time to complete this form prior to your appointment. Please respond to all questions.\*\*\***

**Client Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Age:**                      **Date of Birth:**

**Education:**

**Occupation:**

**Employer:**

**Please describe any issues, difficulties, concerns or questions that bring you into therapy at this time.**

**What are your goals or hopes for therapy? What would you like to change?**

**How have you approached these issues recently or in the past?**

**Psychological treatment history (outpatient therapy, inpatient treatment with dates)?**

**Psychotropic Medications?**

**Current**

**Past**

**Any substance use or abuse? (type, amount, frequency)**

**Current use**

**Previous use**

**Intervention, treatment, rehab, 12-step programs**

**Do you have any history of suicidality or other self-harming behaviors?**

**Any legal history?**

**History of violence or anger management difficulties?**

**Do you have any significant medical concerns/conditions (past and current)?**

**Significant family medical history?**

**Family history of psychological difficulty or mental illness, medication, treatment?**

**Briefly note the most important or formative events of your life (from early childhood through the present).**

**Have you experienced abuse or trauma of any sort? (e.g., sexual, physical, emotional abuse, interpersonal violence, natural disaster, other trauma)?**

**School history?**

**Work history?**

**Sexual orientation and significant romantic/sexual relationships (length of relationship, problems or strengths).**

**Children?**

**Current living situation / Describe your current home life.**

**Describe current family relationships and other significant relationships in your support system.**

**Describe your ethnic, racial, and/or cultural identity and any important intersectionalities.**

**Spiritual or religious practices or involvement in any faith traditions, past and present?**

**Gender identity and preferred pronouns?**

**In what ways do you take care of yourself? What are your best coping strategies?**

**What do you do for fun or leisure?**

**What are your strengths?**

**Your interests?**

**List a few adjectives that you, or others who know you well, would use to describe you.**

**Anything else you'd like to share?**

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**Signature**

**Date**