

- Certified Practitioner of Psychodrama & Group Psychotherapy
- Licensed Mental Health Counselor MH #2820
- National Certified Counselor



727.791.7200
deborahdayma.com

INITIAL INTAKE FORM

Name: _____ Date: _____

Address: _____ City/Zip: _____

Home Ph: _____ Work Ph. _____ Cell: _____

May we call you at work? _____ Place of Employment: _____

Email Address: _____ Drivers License # _____

Age: _____ Date of Birth: _____ Religious Affiliation: _____

WHO MAY WE THANK FOR REFERRING YOU? _____

Previous counseling or psychiatric treatment? _____ When & With Whom: _____

Primary Care Physician: _____

What medications are you currently taking? _____

Check the current stressors in your life:

- | | | |
|--|--|--|
| <input type="radio"/> Spouse | <input type="radio"/> Employment | <input type="radio"/> Retirement |
| <input type="radio"/> Children | <input type="radio"/> Health Problems | <input type="radio"/> Religion |
| <input type="radio"/> Parents | <input type="radio"/> Recent Death | <input type="radio"/> In-Laws |
| <input type="radio"/> Money | <input type="radio"/> Eating Problems | <input type="radio"/> Relationship Over |
| <input type="radio"/> Divorce/Separation | <input type="radio"/> Marital Conflict | <input type="radio"/> Legal Problems |
| <input type="radio"/> Accident/Injury | <input type="radio"/> Fired/Laid Off | <input type="radio"/> Unwanted Sexual Experience |
| <input type="radio"/> Sexual Problems | <input type="radio"/> Infertility | <input type="radio"/> Addictions |

Have you ever been compulsive or over-involved with any of the following:

- | | | |
|---|---------------------------------------|---|
| <input type="radio"/> Gambling | <input type="radio"/> Work | <input type="radio"/> Sexual Activity |
| <input type="radio"/> Neatness/Cleaning | <input type="radio"/> Sugar/Chocolate | <input type="radio"/> Worrying About Others |
| <input type="radio"/> Dieting | <input type="radio"/> Exercise | <input type="radio"/> Religion |
| <input type="radio"/> Taking Care of Others | <input type="radio"/> Shopping | <input type="radio"/> Controlling Others |
| <input type="radio"/> Food | <input type="radio"/> Bingo | <input type="radio"/> Betting on Sports |
| <input type="radio"/> Drugs | <input type="radio"/> Alcohol | <input type="radio"/> Prescription Drugs |

Marital History

Years Together _____ Who Terminated Marriage; Reason for Relationship Ending _____

If more check here

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