

Intake Form

Please fill out as completely as possible and bring with you to our first session. It will help me in our work together. Please email this back to me: sara@closetotheearth.com. If you do not desire to answer any question, just leave it blank.

TODAY'S DATE: _____

NAME: _____ **DOB:** ____/____/____ **AGE:** _____

ADDRESS: _____ **CITY:** _____
_____ **BEST** **ZIP:** _____ **BEST EMAIL:** _____
PHONE: _____

PERSON & PHONE # TO CALL IN CASE OF AN EMERGENCY: _____

PLEASE ANSWER EACH QUESTION:

REFERRAL SOURCE: _____

HIGHEST GRADE/ DEGREE: _____

OCCUPATION: _____ **HOW LONG?** _____

DO YOU ENJOY YOUR WORK? _____ **PRESENTING PROBLEM:** (What are your main worries or fears? When did it start? How does it affect you?)

ESTIMATE THE SEVERITY OF THE PROBLEM: MILD MODERATE SEVERE

CURRENT RELATIONSHIP STATUS: _____ **ARE YOU MARRIED?** YES NO **HOW LONG?:**

WERE YOU PREVIOUSLY MARRIED? YES NO **PARTNER OCCUPATION:** _____

HOW HAPPY ARE YOU IN YOUR CURRENT RELATIONSHIP? (MARRIED OR NOT) N/A

1 VERY UNHAPPY 2 3 4 5 VERY HAPPY

FAMILY INFORMATION:

DO YOU HAVE CHILDREN/STEP/ GRAND? (GIVE NAMES AND AGES)

(1) _____ (2) _____ (3) _____

(4) _____ (5) _____ (6) _____

PARENTS (GIVE NAMES, AGES, IF DECEASED, & BRIEF STATEMENT ABOUT THE RELATIONSHIP)

MOTHER: _____

FATHER: _____

STEPPARENTS: _____

IF PARENTS DIVORCED: GIVE YOUR AGE AT THE TIME: _____ DESCRIBE HOW IT EFFECTED YOU: _____

SIBLINGS: (GIVE NAMES, AGES, OCCUPATION, IF DECEASED)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

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FAMILY HISTORY OF ALCOHOLISM/ADDICTIONS, MENTAL ILLNESS, OR VIOLENCE?: _____

HAVE YOU HAD PAST COUNSELING? (Psychiatric history) YES NO WHEN? _____
(SPECIFY NAME(S), REASON FOR THERAPY, #OF SESSIONS, AND HOW IT ENDED): _____

DO YOU HAVE HEALTH ISSUES? : YES NO EXPLAIN _____

PLEASE DESCRIBE YOUR ALCOHOL USE/ ILLICIT DRUG USE PAST OR PRESENT:

**ARE INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S?, LAWSUITS, DIVORCE, OR CUSTODY
DISPUTES? (IF YES, Please Explain)**

YOUR CURRENT PERSONAL GOALS: (What are you hoping to get out of this experience?)

WHAT DO YOU DO FOR FUN? (What gives you pleasure and joy in life?)

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe the quality, frequency, and type of connections your have?)
