Dr. Ericka Stricklin-Parker
Licensed Clinical Psychologist

Thank you for taking a few moments to complete this form. This helps me to better help you.

INTAKE QUESTIONNAIRE

Name: _____ Date: _____

How did you hear about my services? The internet ___ My website ___ Your insurance ___
A friend/family member ___ Former client ___ Other ___

Have you had previous psychological treatment? If yes, when and where

_____

Today's presenting problem: _____

What are your expectations for this experience?

_____

Personal Information:

Current marital status: Never married ___ Married ___ Divorced ___ Separated ___
Widowed ___ Living together/Partnered ___

Current employment: Full-time ___ Part-time ___ Not working ___

Occupation: _____ How long in this profession? _____

Overall satisfaction with life: 1 (highly dissatisfied) to 10 (highly satisfied) _____

Overall satisfaction with job: 1 (highly dissatisfied) to 10 (highly satisfied) _____

Overall satisfaction with spouse/partner: 1 (highly dissatisfied) to 10 (highly satisfied) _____

Current personal functioning: Optimal ___ Average ___ Below average ___ Poor ___

Personal goals in life: Better job ___ Establish a romantic relationship ___ Stronger romantic relationship ___ Stronger family ties ___ Return to school ___ Greater self-esteem ___
Become more assertive ___ Develop hobbies ___ Increase social network ___

How will you know when you are ready to discontinue your treatment?

_____

Family information:

Spouse/partner name: _____ Age: _____ Occupation: _____

Parents: Mother living? Yes ___ No ___ Current or former occupation:_____
Father living? Yes ___ No ___ Current or former occupation: _____

sisters ___ # brothers ___ only child _____ adopted ____

Children: minors _____ emancipated _____

Medical information:

Do you see a physician on a regular basis? Yes ___ No ___

When was your last physical exam? _____

Would you like your physician to be informed of your treatment here? Yes ___ No ___

Are you currently taking any psychotropic medications? Are they beneficial?

If yes, please list: _____

Current Presenting Problems:

Please respond to all items. Circle your responses as they relate to your experience within the last few days to weeks.

Rating:	0 = none	1 = mild	2 = moderate	3 = severe
Depression	0	1	2	3
Anxiety/worry	0	1	2	3
Irritability	0	1	2	3
Anger	0	1	2	3
Guilt	0	1	2	3
Mood swings	0	1	2	3
Low energy	0	1	2	3
Poor concentration	0	1	2	3
Hopelessness	0	1	2	3

Sleep disturbance	0	1	2	3
Appetite disturbance	0	1	2	3
Physical appearance	0	1	2	3
Thoughts of self-harm	0	1	2	3
Physical abuse	0	1	2	3
Sexual abuse	0	1	2	3
Emotional abuse	0	1	2	3
Grieving loss	0	1	2	3
Loneliness	0	1	2	3
Romantic relationship	0	1	2	3
Relations with family	0	1	2	3
Relations with friends	0	1	2	3
Sexual difficulties	0	1	2	3
Job dissatisfaction	0	1	2	3
Health issues	0	1	2	3
Financial stress	0	1	2	3
Legal issues	0	1	2	3
Poor self-concept	0	1	2	3
Alcohol misuse	0	1	2	3
Drug misuse	0	1	2	3
Internet overuse	0	1	2	3
Gambling	0	1	2	3

Name: _____ Date: _____