Stacy Lynskey
LCPC, Psychotherapist

1005 Motter Avenue
Ground Floor
Frederick MD 21701

New Client Intake Form

Name: _____
Address: _____ **Phone: Cell** _____
_____ **Home** _____
_____ **Work** _____
E-mail: _____ _____
Would you like to receive your billing statements via e-mail? Yes ___ No ____
Who were you referred by? _____
If you were self-referred, how did you find me? _____
Emergency Contact: _____
Primary Care Physician: _____
Prescribing Physician: _____

Gender: M F **Date of Birth:** _____ **Marital Status:** Mar Sing Widow Divorce Separated
List ages and gender of any children:
-
-
-
-

General description of what brings you to therapy: _____
_____
_____
_____
_____

I am currently experiencing (check all that apply): Depression ___ Sadness ___ Anxiety ___ Grief ___
Loneliness ___ Anger ___Lack of Motivation ___ Difficulty in Relationships ___ Work-related Issues ___
Alcohol or Drug Issue ___ Problems with Sleep ___ Problems with Eating ___ Sexuality Issues ___
School-related Issues ___ Medical Issues ___ Suicidal Thoughts _____ r
Spirituality _____ Other _____ Other _____

Abuse Trauma?

Complex Trauma?

Childhood Emotional Neglect? (CEN)

Have you ever seen a therapist before? Y N
If yes, when and what for: _____
_____
_____

Have you ever been prescribed drugs for mental health issues? Y N
If yes, when and what did you take: _____
_____

Stacy Lynskey
LCPC, Psychotherapist

Do you have any current medical problems? Y N
If yes, please describe: _____

List all current medications with doses: _____

Have you ever been treated for substance abuse? Y N
If yes, when and what for: _____