

Christina Guidorizzi, LCMFT

Marriage and Family Therapist

Telephone: (301) 495-6393

Fax: (301) 495-6394

E-mail: christina@christinaguidorizzi.com

INTAKE ASSESSMENT FORM

I) General Information

Name:

Date of Birth:

Street Address:

Home Phone:

Cell Phone:

E-mail Address:

Type of Therapy Family Couple Individual

How were you referred to me?

II) Assessment

The questions below are optional, but they will help me learn a few things about you that may be important to our work together.

1) How would you like to describe the problem or problems creating difficulties in your life?

2) What aspects of the problem are most difficult to you?

3) How long has the problem or problems been affecting your relationship with yourself and/or others?

4) Can you describe briefly the effect of the problem(s) in your daily life?

5) Was there a time in your life that you remember being particularly difficult for you?

6) What changes do you intend to accomplish in therapy?

7) Who are the people important in your life?

8) Do you have a partner? Yes No

How long have you been living together?

9) If so, what are the characteristics you like in your partner?

- 10) What characteristics of your partner are most difficult to you?
- 11) Do you have children? How many?
- 12) Is there anything about your family that you want me to know?
- 13) Do you participate in any particular group or religion?
- 14) Have you been in therapy in the past? Yes No
How was your experience? What did you find to be helpful?
- 15) Are you currently taking any medication? Yes No
If yes, please list.
- 16) Have you had any experiences that you consider traumatic in your life?
- 17) Have you had or have any difficult experiences with substance use? Are there people in your life that comment on your use of substance?
- 18) Is there anything else that you would like me to know?

Thank you.