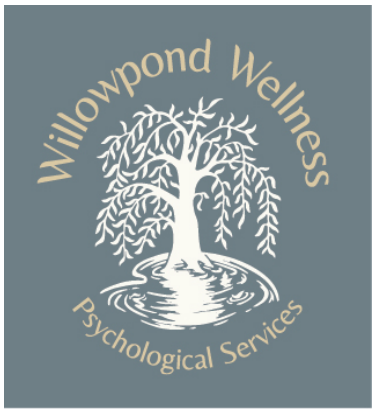

Please fill out this INTAKE & BIOGRAPHICAL INFORMATION form as clearly and completely as possible. It is confidential as outlined in the Office Policies and will help our work together. If you prefer not to answer a question or it is not applicable to you, write "N/A" or "Do not care to answer." Please bring this form to our first session, mail it to Dr. Gulbe Walsh, P.O. Box 732, Ben Lomond, CA 95005 or email it to Susan@WillowpondWellness.com

NAME: _____ PREFERRED PRONOUNS: _____ DATE: _____

DATE OF BIRTH and PLACE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONE(S): H: _____ Cell: _____ Work/Off: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone #_____ Email: _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

PERSON & PHONE # TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired): _____

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you?):

_____

_____

Estimate the severity of above problem: Mild ____ Moderate ____ Severe ___Very severe ____

CURRENT: Marital status: ____ Live with someone: ____ Name: _____Years: ____

PAST & PRESENT PARTNERSHIP(S) (names, years together, and statement about the nature of the relationship(s), (i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

_____

_____

_____

PRESENT SPOUSE/PARTNER: _____

Occupation/Education: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

1. _____
2. _____
3. _____

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did they treat you, brief statement about the relationship):

Father:_____

_____

_____

Mother: _____

_____

_____

Stepparent(s):_____

_____

_____

SIBLINGS (name/age, if deceased: age and cause of death; brief statement about the relationship):

1. _____
2. _____
3. _____

MEDICAL DOCTOR(S) (name/phone/address): _____

_____

_____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

_____

_____

_____

SPECIFY MEDICATION(S) you are presently taking and for what. PRINT clearly:

_____

_____

PAST/PRESENT SUBSTANCE USE/ABUSE/DEPENDENCE (AA/NA, treatment, support):

_____

_____

SUICIDE ATTEMPT(S) and/or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

_____

_____

FAMILY MEDICAL HISTORY (Describe any illness(es) that runs in the family: (e.g., cancer, epilepsy, etc):

_____

_____

FRIENDSHIPS, COMMUNITY AND/OR RELIGION/SPIRITUALITY:

_____

_____

PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) beginning to end, estimated # of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):
1. _____

_____

2. _____

_____

PLEASE USE OTHER SIDE OF THIS OR ADDITIONAL PAGE(S) TO PROVIDE MORE INFORMATION ABOUT PSYCHOTHERAPISTS AND/OR PSYCHIATRISTS IF NEEDED.

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral problems, abusive/alcoholic parent/s):

_____

_____

IF PARENTS DIVORCED: Your age at the time: _____.
Describe how it affected you at the time/now:

_____

_____

ESTIMATE HOW MANY HOURS A DAY YOU SPEND ONLINE:
Instagram:_____ Facebook: _____ YouTube: _____ Gaming: _____ Texting: _____
Browsing: _____Work/School: _____ Other: _____

DO YOU FEEL YOUR TECHNOLOGY USE IS BALANCED AND HEALTHY OR COULD IT USE IMPROVEMENT? Please explain:

FAMILY HISTORY OF SUBSTANCE ABUSE, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in behavioral health facilities, abuse, etc.):

_____

_____

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION(S), LAWSUIT(S) AND/OR DIVORCE OR CUSTODY DISPUTE(S)? (If you answered "Yes," please explain):

_____

_____

What gives you the most joy and/or pleasure in your life?

_____

What are your main worries and fears?

_____

What are your most important hopes and/or dreams?

_____

Why now/what motivated you to seek support at this particular time in your life?

_____

PLEASE PROVIDE ADDITIONAL INFORMATION, ON THE OTHER SIDE OF THE PAGE OR ON A SEPARATE PAGE, THAT YOU WOULD LIKE DR. GULBE WALSH TO KNOW ABOUT YOU AND YOUR HISTORY AND/OR CURRENT LIFE CIRCUMSTANCES.