



377 Keahole St. E211-d, Honolulu, HI 96825 (808)343-0093

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

How would you rate your current physical health? (please circle) Poor Unsatisfactory
Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

How would you rate your current sleeping habits? (please circle) Poor Unsatisfactory
Satisfactory Good Very good

Are you experiencing any sleep problems? ___ Yes ___ No

If yes, please describe:

How many times per week do you generally exercise?

Do you experience any appetite problems? ___ Yes ___ No If Yes, please list:

Are you currently experiencing overwhelming sadness, grief or depression? ___ No ___ Yes If yes, for approximately how long?

Are you currently experiencing anxiety, panic attacks or have any phobias? ___ No ___ Yes If

yes, please describe:

MENTAL HEALTH HISTORY: Do you have a family history of mental illness? If so, please list disorder and relationship to self:

ADDITIONAL INFORMATION:

Do you drink alcohol? If so, how often?

Do you engage in recreational drug use? If so, how often?

***Please note any concerns about your alcohol or substance use:

Do you enjoy your work? ___ No ___ Yes

Is there anything stressful about your current job? ___ No ___ Yes

Is spirituality or religion important to you? ___ No ___ Yes

How would you describe your religious or spiritual beliefs or practices?

What do you consider to be some of your strengths?

What do you consider to be some areas that challenge you?

What would you like to accomplish out of your time in therapy?

How do you think you will know that you have accomplished this (what might be different)?

Anything not asked on this intake that you feel would be important for me to know?
