



**NINA HOLMES MA, MFT
THERAPY INTAKE FORM**

Please provide the following information for my records.

Please print out this form and bring it to your first session, or allow yourself 30 minutes prior to your first session the complete the form in the office. Information you provide here is held to the same standards of confidentiality as our therapy. Please let me know ahead of time if you want to complete this form here in the office so that I may leave it with the receptionist for you. You may call me at 408-218-1106 or email me at ninafeather@stanfordalumni.org.

Thank you!

Name _____ Age _____ Date _____

Full Address _____

Phone: Home _____ Cell _____ Work _____

Please indicate which, if any, telephone number where you wish no messages to be left: _____

E-mail address: _____

Your Mental Health

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere?

Yes No. If yes, please briefly explain (include the medication(s) you are taking if you are seeing a psychiatrist): _____

Have you previously been prescribed psychotropic medication (medication for mental health issues)?

Yes No. If yes, please list: _____

Have you ever experienced?

- | | | |
|---------------------------|-----|-----|
| • Extreme depressed mood? | Yes | No. |
| • Wild mood swings? | Yes | No. |
| • Rapid speech? | Yes | No. |
| • Extreme anxiety? | Yes | No. |
| • Panic attacks? | Yes | No. |
| • Phobias | Yes | No. |
| • Sleep Disturbances | Yes | No. |

