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INTAKE INFORMATION

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
E-mail address: _____
Emergency Contact/Phone: _____
Age/DOB: _____

Marital/Commitment Status: _____ If so, how long? _____
Does partner know your pursuing therapy? _____
Partners Name: _____
If divorced or widowed how long? _____
Children: _____ Age of Children: _____
Can I leave a message: Home: Y__ N__ Work: Y__ N__ Cell: Y__ N__

Currently Employed? _____ If so, how long? _____
Occupation: _____
Name of current employer: _____
Nature of work: _____
Annual income (for sliding scale purposes): _____

Partners occupation: _____
Partners annual income: _____

Nature of reason you are seeking services now?

Previous therapy? _____
If so did you work on similar issues?

Did you find therapy helpful? _____
How so?

What do you hope to get out of therapy now? _____

Are you currently taking prescription medication? _____

If so, which one(s): _____ for what? _____

Have you ever been hospitalized for psychiatric reasons? _____

If yes, when? _____ for how long? _____

Is alcohol or drug use an issue in your family of origin? _____

Is it something with which you struggle? _____

Identify what you consider to be the personal strengths and inner resources
you bring to therapy?

Limitations, liabilities or weaknesses? _____

How were you referred to me? _____

Can I mention your name when I thank the person who referred you? _____

Client Signature: _____