

MKR Therpies, LLC.  
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## Intake and Case History

### **Client Information**

Today's Date: \_\_\_\_\_

Client's Full Name \_\_\_\_\_

Preferred name/ pronouns \_\_\_\_\_

Birth Date/ Current Age \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone numbers \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact (name, phone # and relationship) \_\_\_\_\_

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### **Reasons For Seeking Therapy:**

**Family structure:**

The names and ages and relationship to clietn of people in your household:

Please describe any changes that have occurred in your family. Also please describe your family members interactions:

Please describe any past therapy or counseling that either you, or any other family member has had?

**Developmental History**

Please describe any medical or developmental concerns including reaching milestones, surgeries, hospitalizations, and regular medications:

**Educational History of client:**

Please provide the name of the school your child has attending and currently attends and the grade level they are in. Please also describe any educational, behavioral, or social problems that your child has experienced at as well as describe peer and authority figure relationships within those school environments

**Alcohol and or drug use**

Please describe any past or current alcohol or drug use including prescription medication use.

**Other history**

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? If so, please describe.

Has your child or your family member ever made statements of wanting to hurt themselves or someone else? If so, please explain

Has your child ever experienced any serious emotional losses such as a death or physical separation from a parent or other caretaker?

Finally, please describe any other concerns you may have including observations of yourself or your family member as well as worries you or they have mentioned.

Thank you so much for taking the time to fill out this form!  
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