Ghassan Ammar, MS
4531 SE Belmont St., Suite 300
Portland, OR 97215
(503) 941-0359
ghassan@ghassanammar.com

Individual Intake Form

Please complete this form to the best of your comfort and ability and bring with you to your first appointment. If you have any questions or concerns regarding this form, you will have an opportunity to discuss these with me and I will review your completed form with you during our first session.

The information asked for below is to help me understand you and your concerns. All information given by you is confidential unless released by written consent except as otherwise required by law.

Today's date:

Name:
Date of Birth: **Age**:

Home address:

Phone Number (Home): Okay to leave a message?: ☐Y☐N
Phone Number (Mobile): Okay to leave a message?: ☐Y☐N
Phone Number (Work): Okay to leave a message?: ☐Y☐N

E-mail address:

When/how/where do you prefer to be contacted?:
How did you hear about me?:

There is something important about your seeking counseling services at this moment in your life. Can you describe "why now"?:

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Marital Status:
☐Single ☐Married ☐Partnered ☐Divorced ☐Widowed

Children and Ages:
Name: Age Living with you? ☐Y ☐N
Name: Age Living with you? ☐Y ☐N
Name: Age Living with you? ☐Y ☐N
Name: Age Living with you? ☐Y ☐N
Name: Age Living with you? ☐Y ☐N

Other People Living in the Household:
Name: Relationship:
Name: Relationship:
Name: Relationship:

Emergency Contact:
Name: Relationship:
Phone:

Primary Care Physician:
Name: Phone:

General Health and Mental Health Questions:
Have you had thoughts of harming yourself or others either now or in the past?
NOW: Self: ☐Y ☐NOthers: ☐Y ☐N
Please describe:

PAST: Self: ☐Y ☐N Others: ☐Y ☐N
Please describe:

Are you experiencing violence or abuse at home, work, or other situations? ☐Y ☐N
If yes, please describe:

Have you ever been in therapy or counseling before? If so, please briefly describe why you sought out counseling in the past and how it did or did not help you:

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How would you rate your current physical health?
☐Poor ☐Unsatisfactory ☐Good ☐Very Good ☐Excellent

How would you rate your current sleeping habit?
☐Poor ☐Unsatisfactory ☐Good ☐Very Good ☐Excellent

Please list any sleep problems you are currently having:

Have you ever been diagnosed with a mental health disorder? ☐Y ☐N
If so, what was the diagnosis?

Are you currently under a physician's care for any reason? ☐Y ☐N
If so, please give a brief description:

Please list any current medications, dosage amounts, and reason for prescription:

Medication	Dosage	Reason

Please list any surgeries or injuries that you feel may be significant to your current mental or physical wellbeing:

Do you use tobacco or nicotine products? ☐Y ☐N
Do you drink alcohol? ☐Y ☐N
If so, how many drinks do you have in a week?
Do you use cannabis? ☐Y ☐N
If so, how often? ☐Daily ☐Weekly ☐ Monthly ☐Infrequently
Do you currently use other drugs recreationally? ☐Y ☐N
If so, please describe:

How many times per week do you generally exercise?
What types of exercise do you participate in?

Are you currently involved in a romantic relationship? ☐Y ☐N
If so, for how long?
On a scale of 1-10, with 1 being "poor" and 10 being "excellent" how would you rate your relationship?

What significant life changes or stressful events have you experienced recently?

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Other information:
Are you currently employed? ☐Y ☐N
If so, please list your occupation and employer:
Do you enjoy your work? ☐Y ☐N
Please describe if there is anything stressful about your current work:

Do you consider yourself to be spiritual or religious? ☐Y ☐N
If yes, please describe your faith or beliefs:

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish with our time together in counseling?

Is there anything you think that I should know about you that you feel is important or relevant to your success in counseling?

Is there anything you would like information about prior to beginning counseling?

Thank you for taking the time to fill out this intake form. Please remember to bring this with you to our first session.