

Intake Form
Chris Condon MA, CAC II , Cht

Name , Address, Phone

Reason for seeking counseling and duration of issue.

Have you been prescribed medications and/or had a previous diagnosis?

Are you currently seeing another therapist?____ Would like me to contact them?
_____ If yes please provide contact information

When was your last Physical?

Do you have any health problems or had any serious accidents? ____ If yes please describe.

What other therapies have you tried?

What other methods have tried to resolve your current issue?

What is your intention or goal for therapy and when this is accomplished how would you like your life to look?

(Please use other side if needed)