

Inner Balance Psychotherapy Associates

Joy B. Krumenacker, LPC, NCC
575 Allegheny Ave
Oakmont, PA 15139
412-501-3281

Intake and Background Information

NAME _____ D.O.B. ____/____/____ AGE: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

May we contact you on either number? _____ Leave messages? _____

EMAIL ADDRESS: _____

Do you elect to receive correspondence from our practice via email such as newsletters, events, and general announcements? Yes No

OCCUPATION: Employed Student Unemployed Retired Military Other

RELATIONSHIP STATUS: Single Partnered Domestic Partnership Married

Divorced/Separated Widowed Other

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP (of emergency contact) TO YOU _____

Are you currently under another professional's care for psychotherapy or any other type of psychological/mental health counseling? YES NO

Have you had counseling/psychological services in the past? If yes, with who and duration.

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Who referred you to Inner Balance?

What concerns brought you to counseling?

What are you hoping to achieve by attending counseling sessions?

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Symptom Questionnaire:

Over the past 2 weeks, how often have you been bothered by any of the following?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, hopeless				
Trouble falling or staying asleep				
Sleeping too much/too little (please circle one or both)				
Loss of appetite and/or weight loss/weight gain (please circle one or both, or all three)				
Overeating/not eating enough/lack of appetite (please circle one, or both, or all three)				
Feeling bad about yourself/worthlessness				
Trouble with concentration				
Thoughts of killing or harming yourself				
Feeling sluggish, lethargic				
Feeling fidgety, restless				
High levels of energy				
Pressure to keep talking				
Relationship/interpersonal stressors				
Time management problems				
Physical pain				
Loss of control				
Drinking/substance use (please circle one or both)				

