



Licensed Marriage & Family Therapist, EMDR & TRM Certified, PACT Trained

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## **PSYCHOTHERAPY INDIVIDUAL INTAKE FOR COUPLES**

### Introduction

This comprehensive Integral Intake Form addresses many different aspects of your life. It helps me gather important information about your past and present right from the beginning of our work together, which otherwise could take us some time to get to. Ultimately, it supports me in helping you best.

In most likelihood, not all questions will apply to you. Also, please only answer the questions you feel comfortable answering at this early stage of our work. **If you feel that some of these questions are too personal to share with me at this early stage, too emotionally charged, too complicated to put in writing, or you simply prefer not to answer them at this time, please respect your limits and comfort level. Should you prefer not to answer most of them, know that completing the first two pages will fulfill my legal and ethical obligations, and that it is your absolute right to do so.** If some of these questions are of particular importance to you –even questions you may choose not to answer at this time but may want to come back to eventually– just put an asterisk [\*] to the left of the questions. The overall form might bring up memories that you may have forgotten, or discounted as irrelevant. It might also help you clarify your thoughts and feelings about what brings you to therapy at this time in your life, and what you want to focus on and accomplish. **This is definitely a lengthy form, please plan accordingly.** Please, do not write more information than the space allows for. We will cover all aspects of concerns as we work together.

Rest assured that all of that you share here will be kept confidential to the extent of the law, and as described in the "Psychotherapy Informed Consent Form". To help us make the most of our initial session together, I will read this form between our first and second meeting.

I look forward to meeting you soon.

Sincerely,

Nathan Bergeron, LMFT, L.Ac.

# **PSYCHOTHERAPY INDIVIDUAL INTEGRAL INTAKE FOR COUPLES**

(If you wish not to fill up this entire form, please still complete the first two pages.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  F  M  TGNC DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Email: \_\_\_\_\_ Driver Lic: \_\_\_\_\_

Sexual Orientation:  straight  bisexual  gay/lesbian  queer/non conformist

asexual  uncertain  \_\_\_\_\_

Ethnicity:  Asian  African  African A.  Caucasian  Hispanic  Indian  Latino

Middle Eastern  Native A.  Pacific Islander  Other: \_\_\_\_\_

Country of birth: \_\_\_\_\_ If not USA, moved @ age/yr: \_\_\_\_\_/\_\_\_\_\_

Relationship status:  dating  open  exclusive  living together  engaged

married  married w/ children  separated  widow  \_\_\_\_\_

Been together since: \_\_\_\_\_ Quality of relationship: \_\_\_\_\_

If  separated or  widow, date \_\_\_\_\_ and how did it affect you: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

Role & responsibilities at work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to you: \_\_\_\_\_

(address, phone #, email): \_\_\_\_\_

Primary Care Physician (name, address, phone #, email): \_\_\_\_\_

Psychiatrist (name, address, phone #, email): \_\_\_\_\_

List of medications presently taking, (dosage/amount and what the medication is or): \_\_\_\_\_

Referral Source: \_\_\_\_\_

OK to thank him/her?  Yes  No If yes, only the fact that you contacted me will be acknowledged. NOTHING about the content of our work will ever be discussed or shared with anyone without your written permission. (See "Informed Consent Form")

What is the primary concern, or reason(s) for which you are seeking therapy?

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Why now?

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What makes it better?

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What makes it worse?

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What do you need, and wish from our work together?

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Are there any immediate challenges, or issues that need our attention?  No  
If yes, please describe.

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Have you ever had counseling or psychotherapy before?  No If Yes:  
When and for how long?

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What was most helpful?

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What was least helpful?

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What strengths, qualities and resources do you value most in yourself?

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What are some of your personality traits which you consider flaws, or challenging?

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What sort of support system do you have (family, friends, social, religious, etc.)?

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How would you describe your general mood?

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How do you deal with difficult strong emotions in yourself?

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How do you care for, and comfort yourself when you feel distressed?

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How do you go about making difficult or challenging decisions? (logic, reason, gut, feelings, intuition, heart, advices, trusted ones, prayer, meditation, etc.)?

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Have you ever attempted to harm yourself? No If yes, please describe.

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Have you ever attempted to harm someone? No If yes, please describe.

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Have you in the recent past, or are you currently experiencing suicidal thoughts? No  
If yes, please describe.

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List your **Family of origin** (family you grew up with), beginning with parents from oldest to youngest, including yourself and your place in the family.

name                      gender/age    relationship to you    adopted-biological-step-half                      alive-deceased (when?)

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Parents marital status throughout their relationship: always been together, separated, divorced, returned together after separation/divorce, mother-father widow, mother-father involved w/ someone else, mother-father remarried// Other important information about parents:

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Were some members of your family of origin only present for part of your childhood, not present at all? If so, please explain:

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Were there special circumstances in your childhood?

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Which emotions were most commonly expressed in your **family of origin**?

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Which emotions were discouraged, prohibited, shamed, \_\_\_\_\_ in your **family of origin**, and what happened when they were expressed?

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## While you were growing up, during your first 18 years of life:

1. Did a parent, other adult or someone significantly older than you in your household often or very often...
  - Swear at you, insult you, put you down, or humiliate you?  yes /  no
  - Act in a way that made you afraid of being physically hurt?  yes /  no
2. Did a parent, other adult or someone significantly older than you in your household often or very often...
  - Push, grab, slap you, or throw something at you?  yes /  no
  - Ever hit you so hard that you had marks or were injured?  yes /  no
3. Did an adult or person at least 5 years older than you ever...
  - Touch or fondle you, or have you touch their body in a sexual way?  yes /  no
  - Attempt or actually have oral, anal, or vaginal intercourse with you?  yes /  no
4. Did you often or very often feel that...
  - No one in your family loved you or thought you were important or special?  yes /  no
  - Your family didn't look out for each other, feel close or support each other?  yes /  no
5. Did you often or very often feel that...
  - You didn't have enough to eat, had to wear dirty clothes and had no one to protect you?  yes /  no
  - Your parents were too drunk/high/preoccupied/absent to take care of you or take you to a doctor if you needed it?  yes /  no
6. Did you lose a parent due to separation, divorce, or death?  yes /  no
7. Was one of your parent, step parent, or primary caretaker...
  - Often or very often pushed, grabbed, slapped, kicked, bitten, hit with something hard, or had something thrown at him/her?  yes /  no
  - Threatened with a gun or knife?  yes /  no
8. Did you live with anyone w/ a drinking or drug problem?  yes /  no
9. Was a household member depressed or mentally ill, or attempted suicide?  yes /  no
10. Did a household member depressed or mentally ill, or did a household member attempt suicide?  yes /  no

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For more information on the importance of these questions, feel free to read my [\*\*\*BLOG on The ACE STUDY\*\*\*](#) published 06.01.2016)

List, from oldest to youngest, your **current family system or the people you currently live with, if any**. Please include yourself.

name                                      gender/age                                      relationship to you                                      adopted-biological-step-half

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Do you  drink alcohol  have problems with alcohol consumption  alcohol intoxication  alcohol brownout  alcohol black out  have friends/family members/co-workers, etc. commented on your alcohol consumption?  No If so, please describe frequency & quantity:

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Do you  use recreational drugs,  prescribed,  not prescribed?  No If so, please describe which one(s), frequency & quantity.

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Do you struggle with any forms of addictive behaviors such as  bulimia  dieting  sugar  coffee  nicotine  prescription drugs  shopping  working  gambling  porn  sex  working  other: \_\_\_\_\_  No If so, please elaborate.

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Sleeping patterns: What time do you usually go to bed? How long does it take before you fall asleep? How many hours per night do you sleep? Do you sleep straight through the night, or wake up throughout the night, and if so, how many times? What time do you wake up? Do you feel rested upon waking? etc.?

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Describe your usual eating habits (types of food, frequency, times between meals, quantity):

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Do you take  vitamins,  nutritional supplements?  No If yes, which one(s) and for what?

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Do you engage in some form of physical exercise? No If yes, please describe kind of exercise(s), frequency, duration, and intensity:

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Are you sexually active? Yes No If so, how satisfied are you sexually?

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What beliefs do you have about sex? How important is sex to you?

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What are some of your most important moral and ethical values?

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Do you have a religious affiliation spiritual affiliation? No If yes, please describe its importance and role in your life:

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Are money and financial matters significant stressors in your life? No If yes, please describe:

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Do you have any concerns about your home environment, neighborhood, (unsafe stressful loud, etc.)? No If yes, please explain:

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What is your: (read below), how old were you when it happened? What emotions/feelings did you feel then? What emotions/feelings do you feel now when think of it?

Earliest memory: \_\_\_\_\_

Earliest dream: \_\_\_\_\_

Earliest nightmare: \_\_\_\_\_

Happiest memory: \_\_\_\_\_

Most painful memory: \_\_\_\_\_

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How satisfied are you with your life?	Comments
Not at all 1 2 3 4 5 6 7 Very	_____
How do you feel about yourself (self-esteem)?	
Not at all 1 2 3 4 5 6 7 Very	_____
How would you rate your physical health?	
Not at all 1 2 3 4 5 6 7 Very	_____
How satisfied are you with your friendships?	
Not at all 1 2 3 4 5 6 7 Very	_____
How comfortable are you in social situations?	
Not at all 1 2 3 4 5 6 7 Very	_____
How satisfied are you with your work situation?	
Not at all 1 2 3 4 5 6 7 Very	_____
How satisfied are you with your standard of living?	
Not at all 1 2 3 4 5 6 7 Very	_____
How satisfied are you with your personal/intimate relationship(s)?	
Not at all 1 2 3 4 5 6 7 Very	_____

From the list below, please mark the emotions and state of mind you currently experience more frequently/ intensely, or have experienced in the recent past:

- Lonely     Isolated     Anxious     Worried     Jealous     Indifferent
- Optimistic     Pessimistic     Often overly excited     Depressed     Sad
- Afraid     Shameful     Guilty     Frustrated     Irritability     Loose temper
- Mood swings     Very energetic/     tired     Excessive/     Poor appetite
- Needing less/     more sleep     Thoughts/     Behaviors to    harm yourself
- Thoughts/     Behaviors to harm others     Racing/     Obsessive thoughts
- Difficulty focussing     Little interest/     pleasure in doing things
- Spend more money than you can afford     Think you would be better off dead
- Hearing/     Seeing/     Smelling things that are not actually there
- Disturbing images of past traumatic experiences you experienced yourself
- Disturbing images of past traumatic experiences you witnessed
- Neglect self     Poor grooming     Neglect significant other     Family     Friends
- Other emotions, thoughts, feelings you'd like me to know me about:

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