

# INITIAL INTAKE EVALUATION

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Today's Date \_\_\_\_\_  
Referred by \_\_\_\_\_  
Thank you sent/called \_\_\_\_\_

**NAME(s)**

**Age**

**Occupation**

Children

<b>Prior Treatment by</b>	<b>for</b>	<b>comments</b>	<b>records requested: y n</b>
<b>Years Married</b>		<b>Prior marriages</b>	
<b>Medical Problems</b>		<b>Medications</b>	
<b>Suicidal Thoughts</b>		<b>Substance Abuse (drug/alcohol use)</b>	
<b>Violence/Escalation Levels</b>		<b>Mental Status</b>	

**PRESENTING PROBLEM(S)** and History of each  
Treatment goal(s)

Trigger for treatment

Symptoms

Process (cooperative dialogue skill deficits)

**Content of conflicts (laundry list of conflictual issues)**

- |    |     |
|----|-----|
| 1. | 2.  |
| 3. | 4.  |
| 5. | 6.  |
| 7. | 8.  |
| 9. | 10. |

**Core concerns**

- 1.
- 2.
- 3.
- 4.

**Developmental/life events impacting the relationship**

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**FAMILY HISTORY**

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**DYNAMIC FORMULATION (sequential causations and reciprocal interactions)**

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**TREATMENT PLAN (methods with goals and objectives)**

- 1.
- 2.
- 3.

**DSM-V DIAGNOSIS on all 5 axes**

Presenting problem(s) (name and code) (mild, moderate, severe, in full remission)