

# THERAPAX™

Private Practice Intake - Confidential

Please complete this form before your first session. Download, fill, save, and email it back.

## CLIENT PROFILE

Legal Name

Phone Number

Date of Birth

Relationship to You

Preferred Name / Nickname

Email

Emergency Contact

Preferred Contact Method

## LIFESTYLE INFORMATION

Occupation

Police

EMS

Mechanic

Business Owner

Criminal

Civilian

Government

Other

Relationship Status

Single

Dating

Married

Divorced

Complicated

Prefer not to say

## REASON FOR VISIT

Stress

Anxiety

Trauma

Anger

Grief / Loss

Sleep Issues

Relationship Problems

Addiction

Court Ordered

I just need someone to talk to

Other

Please explain in your own words:

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Private Practice Intake - Goals & City Life

## THERAPY GOALS

What are you hoping to gain from therapy?

What would a successful session feel like for your character?

## CITY LIFE EXPERIENCES

Shootout

Kidnapping

Arrest / Jail Time

Gang Violence

Serious Injury

Loss of Loved One

Witnessed Violence

Financial Trouble

Other

How many times have you almost died in the city?

Never

1-3

4-10

I lost count

Any recent life changes, major events, or situations your therapist should know about?

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Private Practice Intake - Wellness

## WELLNESS CHECK

Stress Level (1-10)

Anxiety Level (1-10)

Mood Today (1-10)

Sleep Quality (1-10)

Energy Level (1-10)

Do you have a support system?

Yes

No

If yes, who?

How have you been feeling lately?

## REFERRAL

How did you hear about Therapax?

Friend

Lawyer

Police / Court

Birdy

Spark

Walk-in

Other

Referred by / extra details

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Private Practice Intake - Coping & Final

## COPING METHODS

Exercise

Friends

Drinking

Smoking

Music

Isolation

Crime

Work

Avoidance

Humor

Other

What usually helps you calm down?

Anything you want your therapist to avoid bringing up without warning?

## FINAL QUESTION

Anything else you would like your therapist to know before your first session?

Preferred appointment availability

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Private Practice Intake - Signatures & Staff Use

## CLIENT ACKNOWLEDGEMENT

Please check before submitting:

I understand Therapax sessions are confidential within roleplay limits.

I understand emergency situations may require IC follow-up.

I understand this form is for character roleplay and not real medical care.

## SIGNATURE

Signature / Initials

Date

## THERAPAX USE ONLY

Case #

Therapist

Risk Assessment

Low

Moderate

High

Follow-up Required

Yes

No

Therapist Notes