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Intake Information

Name_____

I like to be addressed as_____

Gender _____

Pronoun(s)_____

Age and Birthday_____

Address_____

Phone Number_____

Do I have permission to leave you voicemail? Y/N

Do I have permission to text you? (Regarding scheduling) Y/N
(To send you resources) Y/N

Email_____

Do I have permission to email you? Y/N
(Email will be used for scheduling, sending you resources, or receipts upon request.)

Have you previously attended therapy? Y/N

If yes, what do you find beneficial and/or what did you not care for in your previous experience?

Are you under the care of any medical or holistic practitioners? Y/N
(MD, Psychiatrist, Chiropractor, Acupuncturist, etc)

Current Medications

Have you had any recent major life changes?

How is your quality of sleep?

Do you have dietary or nutritional concerns?

Do you exercise or have physical movement in your typical day?

How is your support network? (Family, friends, co-workers, animals/pets, etc)

Are you currently employed? Y/N

If yes, what do you enjoy about your work? What could be improved?

What activities bring you joy? If you could spend a day doing anything you wanted, what would you do?

Do you practice a religion or belong to a spiritual community? Y/N

If yes, is this currently an important facet of your life?

Thank you for letting me know a little about you. I understand that you may be seeking therapy for support and guidance to work through presenting problems. When we meet, we will discuss current issues and concerns, important relationships and resources in your life, and your hopes and goals for therapy.

I look forward to being a companion and support for you.