



Jen Mossefin Therapy, PLLC

Please fill out this form to help me better understand your needs:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender Identity and Preferred Pronouns: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

School/ Employment Status: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (Name and Phone Number): \_\_\_\_\_

**Please check if you have been experiencing any of the following:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Feeling sad, blue, depressed | <input type="checkbox"/> Poor Concentration  | <input type="checkbox"/> Suicidal Thoughts                                       |
| <input type="checkbox"/> Unhealthy substance use      | <input type="checkbox"/> Crying Spells       | <input type="checkbox"/> Plan?   |
| <input type="checkbox"/> Unable to enjoy things       | <input type="checkbox"/> Obsessive Behavior  | <input type="checkbox"/> Anxiety <input type="checkbox"/> Panic Attacks          |
| <input type="checkbox"/> Feeling bad about self       | <input type="checkbox"/> Thoughts            | <input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Feeling Tired |
| <input type="checkbox"/> Disordered Eating            | <input type="checkbox"/> Hyperactivity       | <input type="checkbox"/> More irritated than usual                               |
| <input type="checkbox"/> Gender Identity Concerns     | <input type="checkbox"/> Impulsive Reactions | <input type="checkbox"/> Self-injury/ Self-harm                                  |
| <input type="checkbox"/> Sexuality Concerns           | <input type="checkbox"/> Behaviors           | <input type="checkbox"/> Lack of Motivation                                      |
| <input type="checkbox"/> Hallucinations               | <input type="checkbox"/> Unable to relax     | <input type="checkbox"/> Procrastination   |
|   | <input type="checkbox"/> Unhealthy gambling  |  |

Temper Outbursts/ Anger  
Check any that apply to you:

Feeling Overwhelmed

- Angry
- Fearful
- Optimistic
- Conflicted
- Guilty

- Happy
- Bored
- Hopeless
- Regretful
- Energetic

- Contented
- Other

Other Information you would like to share:

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Any current or previous mental health diagnosis?

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Any previous therapy experience? If yes, why did you seek support in the past, what was the outcome?

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Any prior hospitalizations for psychiatric reasons?

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