



**Jayme Mahoney, LCMFT**  
Therapy Services  
**CONFIDENTIAL INTAKE**

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

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

Phone \_\_\_\_\_ Ok to leave confidential message on this phone?

Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

Presenting Issues:  
\_\_\_\_\_

History of previous counseling?                      If yes, please describe when, where & with whom:

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

Please list primary concerns or reason for pursuing counseling:

Please list current or past medical concerns or medications

Please list any notable family history of mental health and/or addictions:

617 Franklin Ave  
Berlin, MD 21811  
(410) 726 7709



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Are there any safety concerns?

What is your greatest strengths?

What do you hope to gain for yourself during course of therapy?

What would you consider the most difficult time of your life?

What would you consider the best time of your life?

**Notes:**

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