



Santa Rosa
Health Collective

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Initial Intake Information

Lucas Plumb, PhD, PSY 21105

"Tell me, what is it that you plan to do with
your one wild and precious life?" -Mary Oliver

When you answer the following questions, please
be as complete as possible so that Dr.Plumb can
learn important things about you and refer back to
this information throughout your work together.

Today's Date _____

Name _____ Age _____ DOB _____

Address _____ Gender: Male Female Trans Non-Binary

City / State / Zip _____ Cell Phone (_____) _____

Other phone or fax (_____) _____ Email Address _____

Closest Friend _____ Phone _____

Emergency Contact _____ Phone _____

Most recent year of school completed _____ Where _____ Date _____

Insurance: _____ Card # _____ Through _____

Issues that you would like to work on? _____

Where do you work? _____ Occupation _____

Previous jobs _____

What would your ideal job be? _____

Current relationship status _____ Name _____ How long? _____

Partner / Spouse living with you? _____ Occupation _____

Describe how you feel about the relationship _____

Life Experiences that have been important to you _____

Any children / Ages _____

Are any living with you? ____ Describe relationship with your children _____

Parents: Mother _____ Age _____ Living _____ If deceased, when? _____

Father _____ Age _____ Living _____ If deceased, when? _____

Describe your relationship with your parents as you were growing up _____

Were your parents ever separated/divorced? _____ Briefly describe how this affected you _____

What do you know about your mother's pregnancy and your birth? _____

Siblings/Ages _____

Describe your relationship with siblings _____

Previous growth work? _____ Level of satisfaction? _____

Name of Provider _____ Dates _____ Frequency _____

Have you had or are you having any difficult suicidal or homicidal thoughts now or in the past? _____

If having thoughts, please describe _____

Have you ever been hospitalized in a psychiatric facility? _____ When _____

Past or present medications for psychological conditions:

MEDICATION	DOSAGE	DATE STARTED/ENDED	PRESCRIBING PHYSICIAN

Are you aware of any history of mental illness, violence, alcoholism, or drug abuse in your extended family? _____

Do you have guns in your home? _____ Are they kept in a safe, locked place? _____

Have you ever been affected by or had difficulty with alcohol or recreational drugs? ____ Please describe:

Are you in any type of recovery program? ____ Please describe _____

Please describe your state of health and any physical problems you may have at this time _____

Are you under a physician's care? Yes ____ No ____ Name of Physician _____

Do you utilize nutrition to improve your health & well-being? _____

How strong is your desire to change your life patterns? Strong _____ Moderate _____ Not sure _____

Whom may I thank for referring you _____

What do you do to sustain yourself in stressful situations? _____

What spiritual interests and practices to you currently have? _____

What was the one most important factor that made you decide to contact me at this particular point?

Do you currently feel like you could be going off "the deep end"? _____ Please describe:

If you were to imagine an ideal outcome to our work together, how would you describe what
your life would look like _____

Please feel free to add anything else that you would like me to know about you? _____

Thank you very much--I look forward to our work together!

CLIENT AGREEMENT

I, _____ understand that in entering into a therapeutic relationship with Lucas Plumb, PhD, I have the absolute right to confidentiality in my therapy, and she is bound by professional ethics which require strict confidentiality in the treatment of all information. Dr. Plumb will not tell anyone else what I have told her, or even that I am in therapy with her unless I give my prior written permission; Dr. Plumb can only release information when I sign a consent form allowing it. The only exceptions to this are if Dr. Plumb believes I am in imminent danger of harming myself or I might seriously harm another person, or if I reveal that I am abusing a child or elder adult (age 65 or over). In those cases she is a mandated reporter, but she will make every attempt to talk these issues over with me should they arise.

I understand that it works better to pay my fee to Dr. Plumb at the time of service, and I will not be allowed to get behind more than two appointments with my balance. There will be a \$20 fee for returned checks.

I understand that if a third party such as an insurance company is paying for part of my bill, Dr. Plumb is normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of my issues and something about whether they are short-term or long-term problems. If I do require a diagnosis, Dr. Plumb will discuss it with me fully.

I understand that Dr. Plumb has set aside this time for my therapy, and that I am responsible for keeping my appointment. If I do not cancel with 24 hours notice, I will pay for the session.

I understand that therapy always has potential emotional risks. Approaching feelings or thoughts that one has tried not to feel or think about for a long time may be painful. Making changes in one's beliefs or behaviors can be difficult and sometimes disruptive to the relationships one already has. I have considered carefully whether these risks are worth the benefits of changing.

I understand that Dr. Plumb will need to charge for phone calls and emails after 5 minutes.

I understand that Dr. Plumb is always willing to discuss how and why she has decided to work in certain ways with me and to look at alternatives that might work better. I know that I have the right to ask questions about anything that happens in therapy. I understand that I can feel free to ask her to try something that I think will be helpful. I can also ask her about her training for working with my concerns, and can request that she refer me to someone else if I decide she is not the right therapist for me. I understand that I am free to leave therapy at any time, but if I decide to discontinue therapy, that I will schedule at least one session for closure.

I understand that Dr. Plumb cannot provide letters or evaluations in legal or other matters around legal issues.

I understand that if I am in crisis and cannot reach Dr. Plumb, I am to call Sonoma County 24-hour Emergency Mental Health Hotline at (800)746-8181, my local county crisis line; if that is not enough support, I agree to go to my preferred emergency facility or call 911.

DATE: _____ SIGNATURE _____ PRINTED _____