



Kayse Budd, MD

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New Client Information:

Name: _____ Date of birth: _____

Date of intake/first appointment: _____

Street Address: _____

City, State, Zip _____

Phone number: home: _____ cell: _____

Email: _____

Current Employment: _____

Position Title: _____

Reason to be seen: _____

Goals for therapy/treatment/consultation: _____

Personal strengths: _____

Personal challenges: _____

What brings you joy? _____

Previous psychiatric treatment or therapy (Please include names/dates of other providers seen and hospitalizations or residential treatment, if any. Also include medications tried(dates, doses, effects) and other notable "healing" treatments and experiences you've had.)

Major medical problems or other health struggles: _____

Previous surgeries: _____

Current medications and supplements (herbal or pharmaceutical—include doses and duration of use): _____

Family psychiatric issues (mother with depression, uncle with alcohol abuse, etc.): _____

Current diet (give an example of a typical best and worst day) : _____

Any issues with alcohol or substance use to explore? Describe typical use:

Current family/social situation (marital status, pets, children, who lives at home, who's involved, etc.): _____

Describe what is most important to you in life : _____

Describe your spirituality: _____

What's your current exercise routine? _____

What's your current relaxation/fun routine? _____

What's your current work routine? _____

What is going really well in your life? _____

What would you like to improve (if different from why you are seeking a consultation): _____

What interests you about me or my practice? _____

How were you referred here? _____

In case of emergency contact (name, phone, relationship): _____

Notes (Anything else I should know):

Thank you so much!

