

**Mary St. Clair, LMSW
LENS Intake Form**

Name _____ Age: _____

Most Prominent Problems

How long been a problem?

How were you before these problems occurred (if relevant)?

Previous symptoms throughout your entire life:

Current medications, dose, reasons for taking them, and their effects on you:

How much time and money have you spent on your primary problem?

How will you know you are done?
