LEFT BUCKET THEORY

THERAPIST INTAKE ASSESSMENT

CONFIDENTIAL - Protected Health Information (PHI)
HIPAA compliant storage required. Do not transmit via unsecured channels.

DEMOGRAPHICS

Client Name: _____ **Date of Birth:** _____

Preferred Pronouns: _____ **Phone:** _____

Email: _____ **Emergency Contact:** _____

Emergency Contact Phone: _____ **Relationship:** _____

PRESENTING CONCERNS

What brings you to therapy at this time?

BUCKET ASSESSMENT

LEFT BUCKET (Giving)
Current level: _____ / 10
How well can this person give love, kindness, support to others?

RIGHT BUCKET (Receiving)
Current level: _____ / 10
How well can this person receive love, kindness, support from others?

Primary bucket holes identified:

RELATIONSHIP INVENTORY

Key relationships and glass box clarity (How clearly does client see this relationship?)

Relationship	Quality	Glass Box Clarity	Notes

Significant relationship patterns:

RELEVANT HISTORY

Trauma/attachment history relevant to bucket holes:

Previous therapy experience:

TREATMENT GOALS

What does a "full bucket" look like for this client?

Left Bucket goals (giving):

Right Bucket goals (receiving):

Glass Box goals (perception):

CLINICAL IMPRESSIONS

Diagnostic impressions:

Strengths and resources:

Barriers to treatment:

Recommended treatment approach:

Therapist Signature: _____ **Date:** _____