COUNSELING INTAKE FORM

Name		Age DOB _	Date	
Address		City	StateZip	
Main Phone: ()	Okay to ca	all/leave message? Y	N	
Work Phone: ()	Okay to c	all/leave message? Y	N	
E-mail		E-mail (2)		
Why did you decided to come for co	ounseling/therapy			
What do you hope to benefit from co	ounseling:			
How long has this been a problem for	or you			
	F	Background Information		
Marital Status: Single	Married	Divorced	Separated (filing for divorce)	Separated (hoping to reconcile)
Current Living Situation: Who live	s with you?			
Pets: Y N				
Education History:				
I did not finish High School	GED	_High School Graduate	2-year college/techni	ical college (AAS/AA)
BA/BSMA/M.eo	d/MS/MBA	_Ph.D/Ed.D/JD/MD	Certification Progra	am/Licensed Trade
Occupation		How long have you work	ed there?	
I am currently unemployed Y	N, if yes, how lon	g?		
I am currently on disability Y	N, if yes, is it:	short-terml	ong-term/permanent	
Hobbies/	·			
Spiritual beliefs/practices:				
Volunteer Activities:				
How would you describe yourself?				
I am very social and prefer to l				
I have a large number of friend				
I have a few close friends	-			
I spend most or all of my free t	ime with family/pets/	alone		
I spend most or all of my free-	time alone			
I'd like to be more outgoing by	ıt I sometimes feel awk	ward or uneasy about soci	al situations	

Please check if you or any other family members have experienced any of the following.

	Myself	Spouse/significant other	Child	My Parents			
Abuse: Emotional/Verbal Physical Sexual	al						
Domestic Violence							
Addictions (alcohol, drugs, prescription medication, gambling)							
Foster-care / CPS							
Adoption							
Divorce Significant trauma (natural disaster, war, combat, assault, accident							
Serious injury or illness (cancer, diabetes, epilepsy, hospitalization)							
Homelessness							
Serious financial hardship (loss of home, bankruptcy, loss of business	ess)						
Bullied or harassed	,						
Victim of crime (assault, burglary, theft, arson, auto-theft, robbery)							
Arrested for committed a crime							
Jail/prison							
Military - deployment, combat, injured/killed							
Dropped out of school							
Fired from job for disciplinary reasons and/or illegal activity							
Hospitalization for mental health reasons (suicidal, homicidal, psycdepression/bipolar)	hosis,						
Any significant health issues for you or a loved one? Y N	_ If yes, describe: _						
Have you ever had thoughts of suicide? Y N If so, wh	nen						
Have you ever attempted suicide? Y N If so, when							
Do you have any thoughts of suicide now? YN				_			
Have you ever been hospitalized for a mental illness or suicidality	? Y N If y	es, when did this occur and w	vhat were	the			
circumstances							
Have you had any previous Therapy/Counseling? YNI	f yes, describe, whe	n, where, how long, what for:	:				
On a scale of 1-10, with 10 being the best possible and 1 being the w	orst, rate the follow	ing: skip those that don't per	rtain to yo	ou.			
School or work App	ool or work Appearance/how others perceive you						
Marriage / relationship Hea	Health and Wellness						
Hobbies/recreational Goa	ls/plans - how you	r future looks					
Financial affairs Frie	ndships/non-roma	ntic relationships					
Self-confidence Over	rall how would you	ow would you rate your life right now?					

Medications

- 1. Please don't worry about spelling
- 2. <u>Include</u> herbal/over-the-counter (example... melatonin)
- 3. If you don't remember the name write 'dr" in the column for medication
- 4. If you don't remember what the medication is for or why the doctor prescribed it, write $\frac{dk}{dt}$ in the column for medication
- 5. Check the box or boxes in each column that he medication was prescribed for (if you know)

Medications Are you taking it now? Did you take it in the past? Yes/ How long ago?	Anger (rages) (violence)	Anxiety (PTSD) (OCD) (Panic- Attacks)	ADHD	Depression	Bipolar (mood swings)	<u>Pain</u> Migraines	Psychosis (delusions) (hallucinations) (paranoia)	Sleep	Stress "nerves"
(1) Medication		,							
Now? Y N (last taken?) (2) Medication									
Now? Y N (last taken?)									
(3) Medication									
Now? Y N (last taken?) (4) Medication									
Now? Y N (last taken?) (5) Medication									
Now? Y N (last taken?)									
(6) Medication									
Now? Y N (last taken?) (7) Medication									
Now? Y N (last taken?) (8) Medication									
Now? Y N (last taken?)									