

COUNSELING INTAKE FORM - A

Name _____ Age _____ Date _____

Full Address _____

Home Phone _____ Work _____ E-mail _____

Occupation _____ Total Hours/Week _____

Employed by _____ Phone _____

Physical and Mental Health History

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Do you smoke? _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Have you ever been hospitalized for a physical illness? _____

If yes, what was the reason? _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Have you or any of your immediate family members been diagnosed with mental illness? Which one(s)?

Any Previous Therapy/Counseling? _____ If yes, when, where, how long, and for what? _____

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Have you ever been hospitalized for a mental illness? _____
If yes, what was the reason? _____

Are you currently under the care of another counselor/therapist? _____

If yes, which one? _____

Work History

Occupation _____ How long? _____

If you are presently unemployed, describe your situation. _____

Hobbies _____

Family Systems Information

Where were you born? _____ How long did you live there? _____

What is your ethnic identity? _____

What is your gender identity? _____

Is your father alive? _____ Marital Status _____ #ofMarriages _____

Describe your relationship. _____

Is your mother alive? _____ Marital Status _____ #ofMarriages _____

Describe your relationship. _____

Your Marital Status _____ # of Marriages _____

Living with spouse? _____ How long have you been married? _____ Spouse's First name _____

Living with a partner? _____ How long? _____ Partner's First Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Are you adopted? _____

If reared by someone other than your birth parents, describe the situation in some detail.

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Family member to notify in case of emergency:

Name: _____

Address: _____

Phone: _____

FAMILY OF ORIGIN MEMBERS

| <u>Relationship</u> | <u>Name</u> | <u>Gender</u> | <u>Age</u> | <u>Last Level of School Completed</u> | <u>Occupation if out of School</u> |
|---------------------|-------------|---------------|------------|---------------------------------------|------------------------------------|
| Father | | | | | |
| Mother | | | | | |
| Brother | | | | | |
| Brother | | | | | |
| Brother | | | | | |
| Sister | | | | | |
| Sister | | | | | |
| Sister | | | | | |

Family of Origin Alcoholism or Domestic Violence? _____

Family of Origin Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year? _____ Your age at the time _____

If parents deceased, what year? _____ Your age at the time? _____ Cause of death _____

If siblings deceased, what year? _____ Your age at the time? _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

CURRENT IMMEDIATE FAMILY MEMBERS

| <u>Relationship</u> | <u>Name</u> | <u>Age</u> | <u>Last Level of School Completed</u> | <u>Out of School</u> |
|---------------------|-------------|------------|---------------------------------------|----------------------|
| Father | | | | |
| Mother | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

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| | | | |
|-------|--|--|--|
| Child | | | |
| Child | | | |
| Other | | | |

Current Family Alcoholism or Domestic Violence? _____
 Current Family of Origin Sexual Addictions or Abuse? _____
 Divorced? _____ If yes, what year? _____ Your age at the time _____

If parents or children deceased, what year? _____ Your age at the time? _____ Cause of death _____

Spiritual History

| | |
|-----------------------------------------------|------------------------|
| Childhood religion _____ | Present religion _____ |
| Is this an important part of your life? _____ | Why/Why not? _____ |

Emotional Status

Are you currently experiencing stress? _____ If yes, please describe below:

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Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item.

| | | | | |
|-----------------------------|-----------------------------|----------|----------|----------|
| 0 (No Concern) | 1 | 2 | 3 | 4 |
| 5 (Moderate Concern) | 6 | 7 | 8 | |
| 9 | 10 (Extreme Concern) | | | |

_____ Anger
Concern

_____ Religious/Spiritual

_____ Depression

_____ Sexual Concerns

_____ Education

_____ Thoughts of suicide

_____ Eating difficulties

_____ Trouble making decisions

_____ Fearfulness

_____ Unhappy most of the time

_____ Nervousness

_____ Use of alcohol

_____ Financial problems

_____ Use of alcohol in family

_____ Marital problems

_____ Use of other drugs

_____ Physical problems

_____ Work

_____ Problems with social relationships

_____ Worry

_____ Problems with children

_____ Problems with parents

_____ Other (specify) _____

Are you currently experiencing strong emotions? _____
If yes, describe below:

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Do you make decisions based on your emotions? _____
How well does that work for you?

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe here:

Have you been treated for emotional disturbances? _____

If yes, when? _____

Have you had any thoughts of suicide? ____ If so, when? _____

Do you have any thoughts of suicide now? _____

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Present Situation

Please state why you decided to come for counseling/therapy. _____

How long has this been a problem for you?_

What would you like to experience that is different from what you are experiencing now? _____

Have there been times when the problem got better or disappeared? Yes _____ No _____

If yes, when?

What do you think helped?

Were there times when the problems were especially bad? Yes _____ No _____

If yes, when?

What made it bad?

Are there other people who play a major role in causing your problems? Yes _____ No _____

Are there people who help you cope with your problems? Yes _____ No _____

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Explain briefly:

Tell anything else in the space below that you think would be helpful for your therapist to know. For example, are you considering a major life change right now?

What do you hope to gain from counseling?

Do you plan to attend counseling with another member of your family? If so, whom?

What weeknights are you available for counseling?

How many weeks can you commit to counseling sessions?
