# COUNSELING INTAKE FORM - A

Name_____Age_____DOB_____Intake 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?_____

# COUNSELING INTAKE FORM - A

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?_____
_____

_____

_____



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?_____

**COUNSELING INTAKE FORM - A**

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.

_____



Family member to notify in case of emergency:

Name: ___

Address:_____

Phone:

# COUNSELING INTAKE FORM - A

FAMILY OF ORIGIN MEMBERS

| Relationship | Name | Gender | Age | Last Level of School Completed | Occupation if out of School |
|---|---|---|---|---|---|
| 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

| Relationship | Name | Age | Last Level of School Completed | Out of School |
|---|---|---|---|---|

**COUNSELING INTAKE FORM - A**

| | | | | |
|---|---|---|---|---|
| Father | | | | |
| Mother | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |



| | | | | |
|---|---|---|---|---|
| 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**

| Ch dhood | Present |
|---|---|
| re g on_____ | re g on_____ |
| Is th s an mportant part of your fe? | Why/Why not? _____ |

**Emotional Status**

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

_____
_
_____
_

# COUNSELING INTAKE FORM - A

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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)**

_____ Physical problems

_____ Problems with social relationships _____ Problems with children

_____ Anger

_____ Religious/Spiritual

Concern

_____ 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

_____ Work _____ Worry

_____ Problems with parents _____ Other (specify) _____



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

_____

_____

__ 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?____

## COUNSELING INTAKE FORM - A

**COUNSELING INTAKE FORM - A**

**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?

_____

_____
_

_____
_

**COUNSELING INTAKE FORM - A**

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 _____ 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 li fe 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?

_____

## COUNSELING INTAKE FORM - A