

Intake Form

Date: _____ Home phone: _____
Name: _____ Cell/business: _____
Address: _____
Birth date: _____ Age: _____
Sex: Male Female
Marital Status: Married, Spouse's name _____
 Single Divorced Separated Unmarried but cohabitating
How many times have you been married? _____
Sexual Orientation Heterosexual Homosexual Bisexual

Emergency Contact:

Name _____ Phone _____
Relationship to you _____

Family History

Mother's name _____ Living Deceased
Your age at death of mother _____
Father's name _____ Living Deceased
Your age at death of father _____

Describe current relationship with parents: _____

Parents married or divorced: Married Divorced
How old were you when parents divorced? _____
Stepmother's name _____ Living Deceased
Stepfather's name _____ Living Deceased
Describe current relationship with stepparents: _____

Siblings/Stepsiblings:
Name _____ Living or Deceased _____ Age _____

Describe current relationship with siblings/stepsiblings _____

Why are you seeking counseling at this time? _____

Is it safe to leave messages on your home phone? Yes No

If no, where can messages be left? _____

Are there any factors that are particularly stressful to you right now? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Economic Hardship | <input type="checkbox"/> Problems in Home Environment |
| <input type="checkbox"/> No Health Insurance | <input type="checkbox"/> Employment Issues |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Recent Death in Family/Friend | <input type="checkbox"/> Other _____ |

Provide five adjectives describing your life from birth to end of elementary school:

Provide five adjectives describing your life today:

How were birthdays and holidays celebrated in your childhood home? _____

How were you disciplined as a child before age 12? _____

Knowing what you know today, was the form of discipline appropriate? Yes No

Support System and Client Interest

Member of clubs or organizations? If so, what kinds? _____

Hobbies/Interests: _____

List people whom are emotionally supportive of you and your decisions. (No names; list their relationship to you.)

1. _____
2. _____
3. _____
4. _____

Describe your spiritual life/religious beliefs: _____

What do you do when you are stressed and/or anxious? _____

Finish this sentence: I will know that I am finished with counseling when _____
