

**INTAKE FORM**

Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**MEDICAL CONTACT**

Name of general practitioner \_\_\_\_\_ Phone \_\_\_\_\_

Name of psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_

Date last seen by a doctor \_\_\_\_\_

**COUNSELING APPOINTMENT**

Why are you seeking counseling at this time?

---

---

---

I know I will be finished with counseling when:

---

---

---

**FAMILY HISTORY**

Mother \_\_\_\_\_

Living \_\_\_\_ Deceased \_\_\_\_ Age at time of mother's death? \_\_\_\_\_

Father \_\_\_\_\_

Living \_\_\_\_ Deceased \_\_\_\_ Age at time of father's death? \_\_\_\_\_

Describe current relationship with parents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are parents 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	Deceased
------	--------	----------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe current relationships with siblings/stepsiblings.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILDHOOD HISTORY**

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

\_\_\_\_\_

Provide five adjectives describing your life today.

\_\_\_\_\_

How were birthdays celebrated in your home? \_\_\_\_\_

\_\_\_\_\_

How were you disciplined in your home before age 12? \_\_\_\_\_

**HEALTH HISTORY**

How would you rate your current physical health?

(Please circle one) Poor    Unsatisfactory    Satisfactory    Good    Very good

Please list any specific health problems you are currently experiencing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication? \_\_\_\_\_ If so, what medication/dosage? \_\_\_\_\_

\_\_\_\_\_

How would you rate your current sleeping habits?

(Please circle one) Poor    Unsatisfactory    Satisfactory    Good    Very good

Please list any specific sleep problems you are currently experiencing:

\_\_\_\_\_

\_\_\_\_\_

How many times per week do you generally exercise? \_\_\_\_\_

What types of exercise do you participate in? \_\_\_\_\_

\_\_\_\_\_

Please list any difficulties you experience with your appetite or eating problems: \_\_\_\_\_

\_\_\_\_\_

Are you currently experiencing overwhelming sadness, grief, or depression?  No  Yes If yes, for approximately how long? \_\_\_\_\_

Are you currently experiencing anxiety, panics attacks or have any phobias?  No  Yes If yes, when did you begin experiencing this? \_\_\_\_\_

Are you currently experiencing any chronic pain?  No  Yes If yes, please describe:  
\_\_\_\_\_

Do you drink alcohol more than once a week?  No  Yes

How often do you engage in recreational drug use?  Daily  Weekly  Monthly  Infrequently  Never

Are you currently in a romantic relationship?  No  Yes If yes, for how long?  
\_\_\_\_\_

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship?  
\_\_\_\_\_

What significant life changes or stressful events have you experienced recently? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health History** (in the section below, identify if there is a family history of any of the following. If yes, ***please indicate self or family member's relationship to you*** in the space provided (e.g., father, grandmother, uncle, etc.)

Family Member Alcohol/Substance Abuse yes / no \_\_\_\_\_

Anxiety yes / no \_\_\_\_\_

Depression yes / no \_\_\_\_\_

Domestic Violence yes / no \_\_\_\_\_

Eating Disorders yes / no \_\_\_\_\_

Obsessive Compulsive Behavior yes / no \_\_\_\_\_

Schizophrenia yes / no \_\_\_\_\_

Suicide Attempts yes / no \_\_\_\_\_

Are you currently suicidal? \_\_\_\_\_ Do you have a plan? \_\_\_\_\_

What strategies do you use to cope with stress?  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information**

Are you currently employed?  No  Yes If yes, what is your current employment situation?

---

Do you enjoy your work? Is there anything stressful about your current work? \_\_\_\_\_

---

---

What are your hobbies and interests?

---

---

Please list 3 relationships who are your primary source of support (i.e., friend, parent, co-worker, spouse)

---

---

---

Do you consider yourself to be spiritual or religious? If yes, please explain.

---

---

---

Is there any other information you would like me to know?

---

---

---