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Client Intake and Information

Please take a few moments to provide some information that may be helpful in our work together, as well as contact information.

Name _____________________________ Date of Birth ___________________

Parent contact if client is a minor ____

Address:

____

May I mail information to your listed address? Yes No

Best phone # _______________________ Alternate (if any) ___________________

Email ____

Have you ever used psychotherapy/counseling services before? Yes No
If yes, when/for how long:
Was it helpful or comments:

Please briefly comment on your present concern(s) for seeking services at this time, or goals/expectations for our work together:

Do you have any goals or expectations of time in how long counseling will take to resolve the issue(s)?

Have your tried other ways to work on your present concerns; and if so, how have they worked?

Please list any substances or medications you currently using or prescribed, including medical or psychological Rx, alcohol, recreational, caffeine or other substances:

Do any of your family members use any of the drugs listed (or other)? Yes No
If yes, is this concerning for you? If yes, please explain:

Is, or has there been, any alcoholism or drug addiction in your family of origin? (I.e. parents, siblings, other):

Have you ever considered suicide? Yes No Attempted suicide? Yes No
If yes, when or briefly describe what was going on for you at the time

Do you have a history of emotional, physical or sexual abuse in your childhood or in your current life? This question also refers to rape as well as domestic violence for adults.
Yes No

Have you experienced any other type of trauma? Yes No
When did this occur?

Have you seen a doctor regarding your concerns? Examples may include depression, anxiety, physical symptoms (headaches, gastrointestinal, sleep issues, chronic fatigue or pain), stress, hormonal, sexual issues, other? Yes No

When was your last physical exam?

Have you ever seen or hear things that other people do not? Yes No
If yes, please explain:

Do you have satisfactory support in your life? (Family, spouse, children, friends, colleagues)? Yes No

Do you exercise? Yes No If Yes, how often?

Any other comments or concerns: