

Client Intake Form

Demographics

Name: _____ Date: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Method of contact: **Phone** or **Email** (circle one)

Age: _____ DOB: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: (circle one) Single Married (years married _____) Divorced Widowed

Spouse's name (if married): _____

Children: Name Age

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Gross Annual Income (before taxes) \$ _____

Do you receive food stamps, alimony or child support? _____

Referred by: _____

Previous Counseling

Previous Counseling? Yes No Who and When? _____

Release of information signed to talk with previous counselors? Yes No

Medical/Mental Health Information

What, if any, medical health problems do you have? _____

Physician _____ Current Medications _____

Are you on disability? Please describe _____

Are you currently taking medication for a mental or emotional condition? _____

Please list conditions and medications: _____

Have you ever been hospitalized for a mental or emotional condition? _____

If so, please list where and when: _____

Do you currently use any alcohol or drugs? _____ If yes, what is your substance of choice?

Are you in treatment? (such as outpatient) or utilizing support groups (such as AA)? _____

If yes, please describe: _____

Reasons for seeking counseling:

Emergency contact information:

Name _____

Relationship: _____ Phone: _____

Client Signature: _____ Date: _____

It is important for the client and therapist to agree on a course of therapy and types of interventions that best fit the client's individual personality and goals for therapy. Your answers to the following questions help me learn more about you and understand your view of therapy and commitment to the process:

In a few words, what do you think therapy is all about?

How long do you think therapy should last? How long are you able to commit to therapy?

What personal qualities do you think the ideal therapist should possess?

What types of self-care practices have been helpful to you in the past when dealing with difficult situations? These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups, time with friends, etc.

What are some of your hobbies/interests?

Current Experience Checklist

Please Mark Those That Apply to Your Current Experience

- 1. Depressed Mood
- 2. Lost interest in most activities
- 3. Increased appetite
- 4. Decreased appetite
- 5. Weight Gain
- 6. Weight Loss
- 7. Difficulty going to sleep
- 8. Difficulty staying asleep
- 9. Fatigue, loss of energy
- 10. Feelings of worthlessness
- 11. Inappropriate guilt
- 12. Difficulty concentrating
- 13. Preoccupation with death
- 14. Suicidal thoughts
- 15. Excessive or uncontrollable worry
- 16. Restlessness
- 17. Irritable
- 18. Decreased need for sleep
- 19. Increased talking
- 20. Racing thoughts
- 21. Distractible
- 22. Elevated mood
- 23. Engaging in risky, pleasurable activities
- 24. Mood swings
- 25. Feelings of panic
- 26. Pounding heart, chest pains, shaking
- 27. Shortness of breath, dizziness, sweating
- 28. Recurrent undesirable thoughts
- 29. Repetitive behaviors (hand washing, checking) or mental acts (counting etc)
- 30. Nausea or abdominal stress
- 31. Fear of losing control
- 32. Fear of dying
- 33. Recurrent intrusive memories
- 34. Flashbacks
- 35. Efforts to avoid memories
- 36. Fear of social situations
- 37. Alcohol problems
- 38. Drug use problems
- 39. Compulsive dieting
- 40. Vomiting, use of laxatives
- 41. Marital problems
- 42. Sexual problems
- 43. Impulsive
- 44. Overwhelmed
- 45. Angry
- 46. Easily upset, on edge
- 47. Careless, forgetful, easily, distracted, difficulty organizing, loses thing