

INTAKE FORM

NAME _____ DATE _____

ADDRESS _____

WORK PHONE _____ HOME PHONE _____

AGE _____ DATE OF BIRTH _____ Email _____

Referred by _____

Marital status _____ Educational level _____

Occupation _____ Names and ages of children _____

Emergency contact information _____

What issues or concerns caused you to seek counseling? _____

Do you have any specific goals with regard to counseling? _____

Do you have any particular concerns/fears with regard to counseling? _____

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment before? If so, when and for how long? _____

What was the focus of treatment? _____

Names of treating therapists, addresses, telephone numbers _____

Have you ever been hospitalized for mental or emotional problems? _____

If so, when and for how long? _____

Why were you hospitalized? _____

Name of treating therapist, address, telephone number _____

Are you currently taking any prescription medications? _____

Prescribed by whom? _____

How long have you been on the medications? _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt _____

How would you describe your childhood? _____

Were you ever subjected to verbal, physical, emotional, sexual abuse? _____

If so, please describe. _____

Have you ever been a victim of a violent crime? Please describe. _____

Have you ever been in a 12-step program? Please describe _____

Please describe you spiritual identity _____

Please describe your interests/hobbies- _____

Please feel free to include any other information that you believe is relevant to your counseling, not previously described _____