



Counseling Intake Form

Note: This information is confidential

Demographic Information:

Name: _____ Date: _____

Birth Date/Place: _____ Relationship Status: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ May we email you? _____

Is it okay to communicate by text message? Yes No Referred by: _____

Preferred Appointment Reminder Method: Voice Mail Text Message Email Phone Call

Emergency Contact: _____ Contact Phone: _____

Employer: _____ Work Phone: _____

Please list any children and ages: _____

Highest Grade/Degree: _____ Type of Degree: _____

Current Concerns:

Reason for seeking Counseling: _____

When did this begin? (give dates) _____

What do you hope to accomplish in counseling? _____

Behavior – circle any of the following behaviors that apply to you:

| | | | |
|----------------------------|--------------------|---------------------|-----------------|
| Overeating | Sleeping problems | Suicidal thoughts | Procrastination |
| Temper outbursts | Can't keep a job | Drink too much | Compulsions |
| Aggressive behavior | Loss of control | Impulsive reactions | Smoking |
| Phobic avoidance | Lack of Motivation | Crying | Vomiting |
| Work too hard | Withdrawal | Take drugs | Nervous tics |
| Concentration difficulties | | Take too many risks | |

Feelings – circle any of the following feelings that apply to you:

| | | | | |
|------------|------------|---------|----------|-----------|
| Unhappy | Depressed | Happy | Annoyed | Bored |
| Angry | Conflicted | Sad | Guilty | Restless |
| Regretful | Lonely | Anxious | Hopeless | Contented |
| Fearful | Hopeful | Excited | Panicky | Helpless |
| Optimistic | Energetic | Relaxed | Tense | Envious |
| Jealous | Others: | | | |

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