



Confidential Intake Information

Please answer the following questions, so that you and I may begin the process of talking about what brought you to counseling just now and the outcome goals that are most significant to you. Your answers will help us consider personal, family, relationship, and health history that may have a bearing on our work together. The information you provide will be held in confidence within the bounds of supervision with James Brown (LMFT, LPC and my supervisor) and the ethics of my profession.

(PLEASE PRINT)

Client Name: _____ Date: _____

Address:

Email Address: _____

If client is a minor, give name(s) of parent/guardian:

Relationship Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Engaged ☐ In a relationship.

Partner(s) Name(s): _____

If divorced, do you have Domiciliary (Primary) custody? _____

List below others (name, age & relationship) that live in the home:

In Case of Emergency, please notify: _____ Phone: _____

Relationship: _____

TREATMENT HISTORY

LIST PAST OR CURRENT MENTAL HEALTH TREATMENT CLIENT HAS RECEIVED

Name of Therapist/Agency: _____

Dates of Treatment: _____

Reason for Treatment, what motivated you to go to counseling? What was the outcome? Was there anything that was particularly helpful or unhelpful in that experience?

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Physical Health & Medications

Any medical problems/illness within the past two years for which you (client) have received medical treatment, was hospitalized, or had surgery to correct? _____ No or _____ Yes If yes, please describe below:

Physical Health & Medications (continued)

How long since your last physical? _____

Please list medications that you (client) is currently taking:

Are there any aspects of your developmental history (i.e., experiences while in the womb, in childhood, adolescence, adulthood) that you think would be important to consider in our work together?

Any financial problems causing you stress?

Do you take any recreational substances (marijuana, tobacco, caffeine) or drink alcohol? If so, would you be willing to share how often you partake?

a. To what extent does use of recreational substances influence your life? _____

b. Have you ever been in treatment for a substance disorder?

On a 5-point scale, with 1 = *Low* and 5 = *High*, how would you rate your general level of happiness and well-being within the past month? (Circle appropriate number)

1

2

3

4

5

Low

Okay

High

Personal History

The next set of questions may cause some discomfort but are important to ask and for us to consider.

Regarding self-harm: (Circle Answer)

- a. Have you had thoughts of harming yourself in the past month? Yes No
- b. Has anyone in your family or close to you ever attempted or completed suicide? Yes No
- c. Have you ever, at any time in your life, thought that you might be better off dead? Yes No
- d. In the past 3 weeks, have you had thoughts of killing yourself (or suicide)? Yes No
- e. Have you ever tried to kill yourself? Yes No

Regarding harm to others: (Circle Answer)

- f. Have you had thoughts of harming another person or animal in the past month? Yes No
- g. Have you ever physically harmed another person or an animal? Yes No
- h. What types of aggressive or violent behavior have you engaged in?

Have you experienced any personal losses and/or traumatic events in your life that you would like to share with me? (Loss and trauma take many forms. For example, anything that may have created a major shift in how you view yourself, your life, or your perspective on the world? Anything that has stretched your coping strategies to the limit?)

Have you experienced any forms of abuse in the past? Currently?

Personal History (Continued)

How safe do you feel in your relationships, especially with a current romantic or sexual partner; at home and/or your primary residence; at school, and at work?

How are you doing in your primary relationship(s), friendships, and social connections? With whom, if anyone, do you live?

Using a 5-point scale, where 1=*Unsatisfied* and 5=*Well Satisfied*, to what extent do you feel connected with others in a social network or community (i.e., face-to-face and/or online)? (Circle number below)

1	2	3	4	5
<i>Unsatisfied</i>		<i>Moderately Satisfied</i>		<i>Well Satisfied</i>

Tell me about your support system. Whom do you include in your network of supportive people and/or companion animals? _____

How well is school and work going? What pressures, if any, do you currently experience in these settings? _____

What recreational activities do you most enjoy? _____

What are your sources for hope, strength, comfort, and peace?

Using a 5-point scale, where 1=*Not Important* and 5=*Extremely Important*, to what extent are spirituality or religious beliefs and traditions sources of meaning for you? (Circle appropriate number)

1	2	3	4	5
<i>Not Important</i>		<i>Moderately Important</i>		<i>Extremely Important</i>

Personal History (Continued)

What are some of the coping skills you employ to build resilience when experiencing life's challenges?

What are some of your personal strengths?

Please tell me about your cultural and/or personal identity. What is important to you in regard to dimensions of identity, such as cultural heritage, race, ethnicity, gender, sexual orientation, and affiliations? What would you like me to know about you?

What are some of your goals and aspirations for the future related to school, work, and relationships? Would you like to talk about any of these goals and aspirations in our time together?

What is the most important thing you would like us to start addressing in our work together?

Is there anything else you would like me to know?

Thank you for your cooperation and effort in completing this form. Please bring this form to our first initial Intake session. This information will help guide our initial discussions and help me more quickly assess how I can be helpful to you. If you have any questions or info that was not covered in this form, please bring with you into our first session.