Inner Peace Counseling, LLC
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28105 Three Notch Road
Mechanicsville, MD 20659
240-538-3544

Intake Form

Client Name _____ Date of Birth _____ Male/Female _____

Parent(s)/Guardian (if under 18 years of age) _____

Street Address _____ City _____

State ____ Zip Code _____

Home Phone _____Work Phone _____Cell phone _____

E-mail _____

Would you like e-mail/text reminder(s) for appointments? (circle) No reminder text e-mail

May a telephone message be left for you at these numbers? __ Yes __ No

Please indicate any restrictions _____

Current Marital Status: __Single __ Married __ Separated __ Divorced __ Widowed

__ Living with Significant Other

Spouse's Name _____

People Living in the Home

Male	Age	Female	Age

Religious Affiliation _____ Church Attending _____

Education (circle highest grade completed) 6 7 8 9 10 11 12 13 14 15 16

Degree/Major _____ School (if currently a student) _____

Employer/Company _____ Job Title _____ Gross Salary _____

Insurance _____Policy Number _____Group _____

I will use insurance __ Yes __ No Insurance Company _____

Policy Holder Name _____ Date of Birth _____

Address & Phone number (if different from above) _____

_____

Medical and Mental Health Information

Primary Physician _____

Please list any current medical conditions and treatments (including prescriptions, over the counter, herbal, etc)

Medical Condition/Concern	Medication/Treatment	Dosage/Frequency

Are you currently seeing a psychiatrist, psychologist, or other counselor/therapist? __ Yes __ No

Name _____

Have you ever received psychological services before? __ Yes __ No

When? From/To	Counselor/Agency	Reason For Treatment	Results

Have you ever taken medications for emotional or psychological problems? __Yes __ No

When?	Prescribing Physician	Medication	For What?	Results

Please indicate the frequency and amount that you currently consume:

	How much?	How often	Increase?	Decrease?	Same Amount
Caffiene			__ Y __N	__Y __ N	__ Y __N
Alcohol			__ Y __N	__ Y __N	__ Y __N
Tobacco			__ Y __N	__ Y __N	__ Y __N
Marijuana			__ Y __N	__ Y __N	__ Y __N
Other			__ Y __N	__ Y __N	__ Y __N

How did you learn about this counseling service? _____

What is happening in your life that resulted in this appointment? Briefly summarize issues you wish to discuss with the counselor _____