

COUNSELING INTAKE FORM

Name _____ Age _____ Date _____

Full Address _____

Home Phone _____ Work _____ E-mail _____

Physical History(please be accurate, medical records may need to be disclosed at some point)

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? ___ Describe _____

Have you ever been hospitalized for a mental illness? ___ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

What do you hope to achieve with therapy? _____

INTAKE 2

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Family Systems Information

Where born _____ How long there _____ Ethnic ID _____

Parents: Father alive _____ Where residing _____ Relationship _____

Mother alive _____ Where residing _____ Relationship _____

Marital Status _____ #of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.

INTAKE 3

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life _____ Why/why not _____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions? _____ How well does that work for you? _____

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide ____ If so, when _____ Do you have any thoughts now _____

Present Situation

Please state why you decided to come for counseling/therapy _____

What is the nature of your situation _____

What would you like to experience that is different from what you are experiencing now _____

How long has this been a problem for you _____

Please state what you would like to work on in therapy _____

As your therapist/counselor, you honor me by sharing your life and growth with me. I will not hide myself behind silence or position and will have high regard for you as a person. I will bring the best that I know from my study and experience. I will bring you the highest of my insight, wisdom, and spiritual guidance.

I will keep a holistic perspective in our work together because I believe that the Physical, Spiritual, and Soul (mind, will, emotions) all work together to form the wholly healthy person.

You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care. I will do my best to honor that.

James Bush

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