Individual Intake Form

**Date:**

**Referred By:**

**Name:**

**Home Address:**

|  |  |  |
| --- | --- | --- |
| **Numbers** | **May I Call You Here?** | **May I Leave you a Message?** |
| Home: |  |  |
| Work: |  |  |
| Cell:  |  |  |

**Occupation:**

**Time Preference for Session:**

**Marital Status:**

**Children? How Many?**

**Have you seen a Therapist previously?**

**Medications? If so, list name and dosage:**

**What are you hoping to work on during counseling?**

**Are you currently employed?** (check those that apply)

* Yes
* No

**If yes, what is your current employment situation?**

**Do you enjoy your work? Is there anything stressful about your current work?**

**Do you consider yourself to be spiritual or religious?** (check those that apply)

* Yes
* No

**If yes, describe your faith or belief.**

**What do you consider to be some of your strengths?**

**What do you consider to be some of your weaknesses?**

**What would you like to accomplish out of your time in therapy?**