Redemption KC

Confidential Client Intake Form

Please answer the following questions to the best of your ability. These questions are intended to help your counselor with the counseling process. All information is completely confidential.

Personal Information **Today's date**_____

Name:_____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age:____ Gender: □ Male □ Female

I. General

Address:

City/State/Zip:

Phone Number:

May we leave a *voice message* here? □ Yes □ No

May we leave a *text message* here? □ Yes □ No

Email Address:

May we *send you emails* with session reminders and resources? □ Yes □ No

Are you currently receiving psychological services, professional counseling, psychiatric services, or any other mental health services? □ Yes □ No

If so, for how long and what reason:

_____

Have you had any mental health services in the past? □ Yes □ No

If so, for how long and for what reason?

Occupation/Employer:

Avg. Hours/Week:

Highest Degree (s) earned: School:

With whom do you currently live?

II. Spiritual/Church Information:

What church do you attend and for how long have you attended?

Have you received Christ as your savior, and, if so, how do you know?

Any recent changes in your spiritual life?

III. Health/Medical

Are you on any medication?

If so, describe the dosage, frequency, what the medication is prescribed for, and how long you've been taking it.

Do you consume alcohol regularly? □ Yes □ No
In one month, how many times do you have 4 or more drinks in a 24-hour period?_____

How often do you engage in recreational drug use?

□ Daily □ Weekly □ Monthly □ Rarely □ Never

Have you felt depressed recently? □ Yes □ No If yes, for how long?_____ List your symptoms of depression.

_____

Have you had suicidal thoughts in your past? □ Yes □ No If yes, how long ago?_____

How often? □ Frequently □ Sometimes □ Rarely

Do you engage in any form of self-harm? □ Yes □ No If yes, please list

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Quick Check: (Check all that apply)

□ Extreme depressed mood
□ Mood swings
□ Rapid speech
□ Extreme anxiety
□ Panic attacks
□ Phobias
□ Disturbed sleep
□ Hallucinations
□ Memory lapse
□ Alcohol/substance abuse
□ Body complaints
□ Eating disorder
□ Repetitive thoughts
□ Anxiety
□ Time loss
□ Repetitive behaviors
□ Homicidal thoughts
□ Suicide attempts
□ Trouble planning
□ Relationship trouble
□ Aggression
□ Anger
□ Addictive Behavior
□ Anhedonia (no pleasure in life activities)
□ Bereavement
□ Dissociation
□ Hopelessness
□ Helplessness
□ PTSD
□ Pornography Use
□ Sexual Addiction
□ Tearful
□ Worry
□ Sexual Concerns
□ Bingeing
□ Purging
□ Restricting Intake
□ Depression
□ Impulsiveness
□ Compulsions

Any other medical conditions or diagnoses we should be aware of?

IV. Family Information:

1. Are your parents married or divorced/separated and/or remarried?

2. How many siblings do you have and where do you fall in the birth order?

3. How would you describe your family's financial situation growing up?

4. Did you have any significant traumas as a child? Please describe.

5. Please describe any family history (the family you grew up in) which might be pertinent to the concerns you bring to counseling (your relationship with your parents, their relationships with each other, significant losses or events).

6. Marital Status:
   □ Never married □ Partnered □ Married □ Separated □ Divorced □ Widowed

7. If Married/ Partnered, is your significant other supportive and aware you are seeking counseling? Why or why not?

What other information would be helpful for us to know about past marriages/divorces or a current romantic relationship?

V. **Other**

1. Please describe your current struggle as you see it.

2. What are your expectations for the counseling process?

3. What concerns or fears, if any, do you bring to counseling?

4. What do you believe you will have to change to see the progress you hope for? That is, what are your personal goals for counseling?

5. Is there any other information we should know? Please include below.

Thank you for taking the time to complete this form. The information you have provided will enable us to better serve you.