Intake Form

Please fill out the following information as it applies to you. Please note that the information on this form is confidential. However, you may choose to omit any item and discuss it with me in person.

- ☐ Name _____ Date _____ Age _____ DOB _____
- ☐ Address
  _____
- ☐ Home Phone _____(work) _____ Cell #_____
- ☐ Marital Status: Single ___ Married __ Divorced__ (how long__) Remarried__(how long__)
- ☐ Widowed Y | N
- ☐ How many times married _____
- ☐ Religious faith_____
- ☐ Education circle: H.S. | Associates | Bachelors | Masters | Doctorate
  Occupation_____ | How long _____ Any problems w/work Y/ N
- ☐ In case of emergency notify: _____

Marriage and Family Information:

- ☐ Spouse's Name _____ Age _____ Birth date _____
  Home Phone_____(work) _____Cell #_____
- ☐ Divorced (how long _____)
- ☐ Widowed Y | N
- ☐ Religious faith_____
- ☐ Education circle: H.S. | Associates | Bachelors | Masters | Doctorate
- ☐ Occupation_____ How long _____ Any problems w/work Y/ N
- ☐ List name: birth date, sex, relationship of all children (ie positive, negative, strained,healthy), and whether they live at home with you:

Name	Birth Date	Sex	Relationship	Living Status

Referral Information:

- ☐ How did you learn about our counseling services? _____

Prior Counseling:

- ☐ Any prior counseling? Y/N/ If yes, when? _____ Where? _____
- ☐ With whom? _____ Why? _____
- ☐ If engaged or married did you receive pre-marital counseling: Y | N
  When? _____
- ☐ Are you, or another family member, currently seeing a psychiatrist or another counselor?
  __ Yes __ No___
- ☐ If so, what family member? _____

Medical Information:

- ☐ Primary Doctor's name_____ Date last Medical Exam_____
- ☐ Rate your health: Very good____ Good ___ Average___ Declining___ Other____
- ☐ Are you presently taking any medication: __ Yes ___ No / If so, what? _____
- ☐ For what purpose? _____Dosage_____
- ☐ Any problems with:
  - ☐ __alcohol
  - ☐ __drugs
  - ☐ __eating disorders
  - ☐ __sleeping
  - ☐ __chronic pain
  - ☐ __hearing
  - ☐ __joint pain
  - ☐ __recent weight changes
  - ☐ __vision
- ☐ Describe any answers checked above: _____
- ☐ Have you or a family member ever been hospitalized for mental or emotional illness?
  __ Yes __ No / If yes, please explain - dates, place, reason:
  _____
  _____

Common problem/symptom checklist. (Only check items that apply) Only Fill in items that apply: 1 = mild, 2 = moderate, 3 = severe.

___ marriage	___ premarital	___ singleness
___ divorce/separation	___ child custody	___ disabled
___ alcohol/drugs	___ other addictions	___ grief/loss
___ God/faith	___ church ministry	___ past hurts

___ sexual issues
___ work/career
___ depression
___ codependency
___ family
___ school/learning
___ fear/anxiety
___ intimacy
___ children
___ money/budgeting
___ anger control
___ communication
___ parents
___ aging/dependency
___ loneliness
___ self-esteem
___ in-laws
___ weight control
___ mood swings
___ stress management
___ concentrating
___ bad temper
___ bullying
___ nightmares
___ sleep apnea
___ sleep problems
___ panic
___ guilt/shame
___ hearing voices
___ repetitive thoughts
___ confused in my
___ legal problems
___ excessive worry
___religious beliefs
___ hurting oneself
___ thoughts of death
___ bitterness
___ jealousy
___ crying spells
___Other (specify):_____

Crisis Information:

- ☐ Any current suicidal thoughts, feelings, or actions? Yes| No/If yes explain: _____ _____
- ☐ Any current homicidal or assaultive thoughts of feelings or anger-control problems: Yes | No/If yes, explain: _____
- ☐ Any past problems, hospitalizations? _____
- ☐ Behavioral Problems? Yes |No If yes/ describe: _____ _____
- ☐ Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? Yes | No If yes/ describe:_____ _____
- ☐ Have you ever been arrested: Y / N. If yes, explain: _____ _____
- ☐ Have you ever been on court probation? Y / N Are you currently on probation? Y / N If yes, Explain _____

Religious Background:

- ☐ What church do you currently attend? _____ Active Member: Y|N Denomination: _____
- ☐ Are you saved? Y / N
- ☐ Church attendance per month: 1 2 3 4 5 6 7+
- ☐ Attend Sunday school Y / N
- ☐ Do you pray daily? Y / N
- ☐ Read the Bible daily? Y / N
- ☐ Study Scripture and conduct devotions daily? Y / N

- ☐ Do you look to the Bible for help with personal problems? Y / N
- ☐ Explain any recent changes in your spiritual life:

_____

_____

Chief Concerns (Main Issue)

- ☐ 1. State the nature of the problem that brings you here in your own words:

_____

_____

_____

- ☐ 2.What steps have you taken to try and fix this issue?

_____

_____

- ☐ 3. What do you seek from the counselor?

_____

_____

- ☐ 4. What circumstances led to your coming here at this point in time?

_____

_____

- ☐ 5. Describe your spouse's personality in a few words (loving, selfish, etc).

_____

_____

- ☐ 6. Describe yourself, what kind of person are you? _____

_____

- ☐ 7. Is there any other information that you think we should know?

_____

_____

Veterans or Public Safety:

- ☐ What branch of military service: Never Served / Army/Navy/Air Force/Marines/Coast Guard National Guard / Reserves: Active / Inactive / Retired / Medically Retired
- ☐ Are you a combat veteran? Y / N
- ☐ Do you have a disability Y | N If yes, Describe:

_____

- ☐ Have you ever been diagnosed with: PTSD / TBI injury? Y / N_____
  Explain:

_____

_____

- ☐ Public Safety: Fire Dept - Police - Forest Service- Other: _____
  Status: Active- Inactive-Volunteer.

THANK YOU for taking the time to fill out this information sheet. Your counselor will review this with you in the first session and use it to best assist you in your counseling work. We will maintain your strict confidence regarding this information, subject to the exceptions noted in the confidentiality form.