

CONFIDENTIAL CLIENT INTAKE

Your Name: _____

Children Names and Date of Birth:

PERSONAL:

1. Are you presently taking any prescription medication? ___ Yes ___ No

If yes, give name of medication and reason for taking: _____

2. Has there been any counseling or treatment for you or your children? ___ Yes ___ No

If yes, please list the dates and treatment providers: _____

3. Is alcohol or drug abuse an issue? ___ Yes ___ No

If yes, please explain the details: _____

4. Have you or your spouse/partner ever been arrested? ___ Yes ___ No

If yes, give dates and explain the details: _____

Your significant other (if applicable): _____

Spouse/partner's significant other (if applicable): _____

SAFETY SCREENING (We will not reveal your answers to anyone without your permission):

Do you have any physical or emotional safety concerns?

___ Yes ___ No



Has your spouse/partner ever pushed, shoved, choked, hit or hurt you physically in any way?
 Yes No

Has your spouse/partner ever forced you to have unwanted sexual contact?
 Yes No

Has your spouse/partner ever hurt any other person or pet in your household?
 Yes No

Has your spouse/partner ever damaged or destroyed your property?
 Yes No

Has your spouse/partner ever restricted your access to monetary funds?
 Yes No

Has your spouse/partner ever restricted your access to family or friends?
 Yes No

Has your spouse/partner ever threatened to do any of the things mentioned in the questions above?
 Yes No

Have you ever been afraid of your spouse/partner?
 Yes No

Have you ever called the police, requested a restraining order, or sought help for yourself because of something your spouse/partner did?
 Yes No

If you answered "Yes" to any of the above, give dates and explain the details briefly here:

How have you historically resolved conflict? What is it like when you argue?

If there is additional information you believe is important or helpful, please describe:

The above information is true and correct to the best of my knowledge.

Name _____

Date_____