

# Present Wellness Counseling, LLC

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### New Client Intake Paperwork

Please provide the following information for our records. Leave blank any question you would rather not answer, or would prefer to discuss with your therapist. Information you provide here is held to the same standards of confidentiality as our therapy. Please bring this paperwork with you to your initial intake session.

#### Client Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ May I leave a message at this number? \_\_\_\_\_

Phone Number \_\_\_\_\_ May I leave a message at this number? \_\_\_\_\_

May I send you text message reminders of upcoming appointments at one of these numbers? \_\_\_\_\_

Email Address \_\_\_\_\_ May I contact you at this email address? \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

School and Grade \_\_\_\_\_

Sex \_\_\_\_\_ Gender \_\_\_\_\_ Sexual Orientation \_\_\_\_\_

Relationship Status \_\_\_\_\_ Partner's Name (If applicable) \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

#### Presenting History

Presenting Issue that brings you to counseling: \_\_\_\_\_

\_\_\_\_\_

How long has this been an issue? \_\_\_\_\_

How intense is the problem? (1 being not intense and 10 being very intense): \_\_\_\_\_

What goals would you like to achieve through counseling?

\_\_\_\_\_

#### Psychiatric History:

I have received treatment for: ( ) Substance Abuse ( ) Mental Health Issues ( ) Both

Are you currently receiving psychiatric services, professional counseling or psychotherapy elsewhere? \_\_\_\_\_

Please list any previous treatments for mental health, including outpatient counseling, psychiatry, or hospitalization:

\_\_\_\_\_

List any Diagnosis (treated, resolved, re-occurring etc. as well as the approximate date you received this diagnosis)

Do you or have you ever engaged in a recovery community, such as AA, NA, ALANON, etc? If so please explain.

\_\_\_\_\_

Please list any current psychiatric medications:

| Medication | Date Prescribed | Purpose | Dosage |
|------------|-----------------|---------|--------|
|            |                 |         |        |
|            |                 |         |        |
|            |                 |         |        |

Have you had suicidal thoughts recently? ( ) frequently ( ) sometimes ( ) rarely ( ) never

Have you had them in the past? ( ) frequently ( ) sometimes ( ) rarely ( ) never

Have you ever attempted suicide? \_\_\_\_\_

Have you ever engaged in self-harming behaviors? \_\_\_\_\_

### Biomedical Health History

Do you currently have a primary physician or any other medical health specialists?

\_\_\_\_\_

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

\_\_\_\_\_

Please list any medications for physical health concerns:

| Medication | Date Prescribed | Purpose | Dosage |
|------------|-----------------|---------|--------|
|            |                 |         |        |
|            |                 |         |        |
|            |                 |         |        |

Are you having any problems with your sleep habits? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

How many times per week do you exercise? \_\_\_\_\_ Approximately how long each time? \_\_\_\_\_

Are you having any difficulty with appetite or eating habits (Eating too little, too much, bingeing, restricting)?

\_\_\_\_\_

Do you or have you ever regularly consumed alcohol? If so, please describe how much and how often?

\_\_\_\_\_

Do you or have you engaged in recreational drug use? If so, please describe how much and how often?

\_\_\_\_\_

Do you or have you used tobacco products? If so, how much and how often? \_\_\_\_\_

### Family History

Are you currently in a romantic relationship? \_\_\_\_\_ If yes, how long have you been in this relationship? \_\_\_\_\_

On a scale of 1-10 (10 being the highest quality), how would you rate your current relationship? \_\_\_\_\_

Do you have any children? Ages? \_\_\_\_\_

Do you have any behavioral or emotional concerns about any of your children at this time? \_\_\_\_\_

\_\_\_\_\_

How would you describe your relationship with your family? ( ) Excellent ( ) Good ( ) Fair ( ) Poor

How would you describe your support system at this time? ( ) Excellent ( ) Good ( ) Fair ( ) Poor

Is there a history of psychiatric concerns in your family? If yes please explain: \_\_\_\_\_

Is there a history of substance abuse in the family? If yes please explain: \_\_\_\_\_

Is there a history of abuse/domestic violence in the family? If yes please explain: \_\_\_\_\_

Do you identify having any experiences as a child or adult that caused trauma for you? \_\_\_\_\_

**Cultural and Spiritual**

Do you consider yourself to be religious and/or spiritual? \_\_\_\_\_

Are you affiliated with any particular religion or faith community? \_\_\_\_\_

If so, how frequently do you engage in activities within this community? \_\_\_\_\_

Are there any religious or cultural considerations you would like for me to be aware of for you? \_\_\_\_\_

**Court, Legal or Social Service History**

Are you or your family involved with DHR, or have history with DHR or court custody issues?

Judge: \_\_\_\_\_ DHR Worker and Number: \_\_\_\_\_

Do you have any previous arrests? If so, do you have a current legal case pending?

Attorney: \_\_\_\_\_ Judge: \_\_\_\_\_

**Additional Information**

What do you consider to be your strengths? \_\_\_\_\_

What effective coping strategies do you utilize? \_\_\_\_\_

Is there anything else you would like for me to know or consider? \_\_\_\_\_

*By signing below, I agree that the information I have listed is, to the best of my ability, accurate. I understand that this information will be held confidential by Present Wellness Counseling, LLC.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPPA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/ authorized representative to who it pertains unless other permitted by law.

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist of Concerns**

*(please check any relevant concerns that apply currently or within the past 3 months)*

**THOUGHTS/FEELINGS/MOOD**

- Anger/frustration/hostility
- Anxiety, nervousness
- Attention, concentration, distractibility
- Confusion
- Depression
- Disliking others
- Emptiness
- Euphoria
- Excessive worry
- Failure
- Fatigue
- Fear
- Grieving (death, loss, divorce, etc)
- Guilt
- Hearing things other people don't
- Homicidal thoughts
- Intrusive thoughts
- Obsessive thoughts
- Judgment problems
  
- Memory difficulties
- Negative thoughts
- Oversensitivity to criticism
- Oversensitivity to rejection
- Panic attacks
  
- Perfectionism
- Loss of appetite
- Sadness
  
- Seeing things other people don't
- Self-centeredness
- Self-esteem (low)
- Shyness
- Spiritual, religious, or moral issues
- Stress
- Sudden mood changes
- Suicidal thoughts
- Suspiciousness
- Temper problems

**BEHAVIOR**

- Aggression, violence
- Alcohol use
- Argumentative
- Avoidant
- Compulsive behavior/rituals
- Controlling
- Decreased/lack of sexual interest
- Dependency
- Destruction of property
- Drug use: prescription, over-the-counter, street
- Eating problems
- Financial problems, debt
- Gambling
- Hyperactivity
- Internet problems
- Irresponsibility
  
- Isolation
  
- Legal problems
- Letting others take advantage of you
- Lying
- Not able to relax
- Preoccupation with sex
- Sleep difficulty
- Procrastination
  
- Purging
- Overeating
- History of running away
- Self destruction/sabotaging
- Self-neglect
- Sexual dysfunction
- Smoking
- Stealing
- Threats
- Weight, gain/loss
- Withdrawal from others
- Loss of interest in hobbies

**FAMILY & RELATIONSHIPS**

- Affair
- Childhood issues
  
- Divorce
- Friendships
- Housework/chores
- Interpersonal conflicts
- Parenting
- Problems w/ child(ren)
- Problems w/ parents
- Problems w/ partner
- Separation

**ABUSE**

- Abuse of alcohol
- Abuse of drugs
- Physical abuse by another
- Physical abuse of another
- Sexual abuse by another
- Sexual abuse of another

**WORK & SCHOOL**

- Absenteeism
- Career concerns, goals, choices
- Difficulty with coworkers
- Difficulty with supervisor
- Performance
- Tardiness
- Procrastination
- School problems

**OTHER CONCERNS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_