



# HIGHER HEIGHTS COUNSELING SERVICES, LLC

*"Equipping Individuals, Couples, and Families Soar to Unlimited Possibilities"*

## HIGHER HEIGHTS COUNSELING INTAKE FORM

### IDENTIFICATION INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you and/or send personal information to this email?  Yes  No Sex:  Male  Female Birth date \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Married  Widowed  Separated  Divorced  Divorce Filed

Education: (last year completed): \_\_\_\_\_ Currently attending school / college?  Yes  No

If yes, pursuing degree in: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Other Training: (list type and number of years): \_\_\_\_\_

Referred to counseling by: \_\_\_\_\_

### HEALTH INFORMATION:

Rate your health:  Very Good  Good  Average  Declining  
 Other (explain): \_\_\_\_\_

Recent changes in weight:  Lost  Gained How much: \_\_\_\_\_

List all important present or past illnesses or injuries or handicaps:  
\_\_\_\_\_  
\_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Report Results: \_\_\_\_\_

Your doctor(s) name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Are you presently taking medication?  Yes  No

If yes, what medication do you take and for what purpose:

Medicine: \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you used drugs for other than medical purposes?  Yes  No

If yes, what drugs and purpose:

Drug: \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Infrequent \_\_\_\_\_

Have you ever had a life changing, stress event or severe emotional upset with the last two years?  Yes

No If yes, explain: \_\_\_\_\_

Are you willing to sign a release of information form so that your counselor may obtain your social, psychiatric, or medical reports?  Yes  No

### **COGNITIVE ORIENTATION:**

Do you believe in God?  Yes  No  Not sure

Do you consider yourself a religious person?  Yes  No  Not sure

Briefly explain the foundation for your belief system \_\_\_\_\_

Do you have problems sleeping?  Yes  No

How many hours of sleep do you get per night? \_\_\_\_\_

### **PERSONALITY:**

Have you ever had any psychotherapy or counseling before?  Yes  No

If yes, list the counselor or therapists name and dates of counseling:

<u>Counselor/Agency</u>	<u>Dates of Counseling</u>	<u>Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**Circle any of the following words that best describe you now:**

Active Ambitious Self-Confident Persistent Nervous Good-Natured Angry Hardworking  
Impatient Impulsive Moody Often-Blue Calm Excitable Imaginative Quiet Likeable  
Easy-Going Submissive Leader Self-Conscious Introvert Extrovert Hard-Boiled  
Withdrawn Lonely Sensitive Controlling Serious Shy Frustrated Other: \_\_\_\_\_

**MARITAL INFORMATION:**

Name of spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Your spouse's age: \_\_\_\_\_ Religious Belief: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Age when married: Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_ Length of engagement? \_\_\_\_\_

How would rate your marriage of a scale 1-10, 10 being above average: \_\_\_\_\_ Briefly explain your response \_\_\_\_\_

Is your spouse supportive?  Yes  No If no, how does it impact you: \_\_\_\_\_

Do you feel Love / Respected by your spouse?  Yes  No If no, briefly explain: \_\_\_\_\_

Do you and your spouse have a good or working financial practice?  Yes  No If no, briefly explain: \_\_\_\_\_

Are your intimate /emotional needs fulfilled?  Yes  No If no, briefly explain: \_\_\_\_\_

Have you ever been separated?  Yes  No Have either of you filed for divorce?  Yes  No

Is there any other pertinent information about you marriage that you believe will be helpful for me to know, if so please explain? \_\_\_\_\_

Is your spouse willing to come to counseling?  Yes  No If no, briefly explain why: \_\_\_\_\_



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## **PREVIOUS MARRIAGE**

Is this your first marriage?  Yes  No If no, what number is this marriage? \_\_\_\_\_

How did your previous marriage end? Divorce \_\_\_\_\_ Widow/widower \_\_\_\_\_

How long were you married? \_\_\_\_\_ What was the contributing factor(s) to your divorce \_\_\_\_\_

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## **CHILDREN & FAMILY**

**Do you have children:**  Yes  No

**If no**, do you want children  Yes  No **If yes**, do you more children  Yes  No

Information about children:

*PM	NAME	AGE	SEX	LIVING?		EDUCATION Level	Indicate if the child adds to or depletes the positive energy in your home or family construct
				YES	NO		

\*PM = Check this column if child is from a prior marriage or relationship

Is there anything else that we should know about your children?

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## **FAMILY INFORMATION**

If you were raised by anyone other than your own parents, briefly explain:

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How many older siblings? Brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_ All living?  Yes  No

How many younger siblings? Brothers? \_\_\_\_\_ Sisters? \_\_\_\_\_ All living ?  Yes  No



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## FAMILY INFORMATION (cont.)

<b>Family Dynamics</b>	<b>Your childhood relationship was: Good, Bad, Nonexistent, Up &amp; down, Other</b>	<b>Your Adult Relationship is: Good, Bad, Nonexistent, Up &amp; down, Other</b>	<b>Living Yes or No</b>	<b>Transitioned Date</b>
Mom				
Dad				
Siblings				
Siblings				
Siblings				
Siblings				
Other				

Is there anything else that we should know about your family?

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### **OTHER PERTINENT INFORMATION:**

Spouses Income: \_\_\_ \$10k -\$30k, \_\_\_ \$30k-\$50k, \_\_\_ \$50k-\$70k, \_\_\_ \$70k-up

Your Income: \_\_\_ \$10k -\$30k, \_\_\_ \$30k-\$50k, \_\_\_ \$50k-\$70k, \_\_\_ \$70k-up

Are you content or satisfied with your place of work?  Yes  No  N/A

What is you ideal job/employment? \_\_\_\_\_

Have you considered making a change in your employment/career?  Yes  If so, what would it take to do so? \_\_\_\_\_

Do you believe it's obtainable in the near future?  Yes  No If not, why \_\_\_\_\_

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Do you feel good about the direction your life is headed?  Yes  No If no, briefly explain: \_\_\_\_\_

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Do you feel good about yourself?  Yes  No If no, briefly explain: \_\_\_\_\_

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Describe briefly what unconditional forgiveness means to you: \_\_\_\_\_

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## CURRENT EVENT INFORMATION:

What recent event prompted you to seek counseling?

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Are you currently experiencing overwhelming sadness, grief or depression?  Yes  No

If yes, for how long? \_\_\_\_\_ Briefly explained: \_\_\_\_\_

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Are you currently experiencing anxiety, panic attacks, or have phobias?  Yes  No

If yes, for how long? \_\_\_\_\_ Briefly explained: \_\_\_\_\_

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Are you currently experiencing any chronic pain?  Yes  No

If yes, for how long? \_\_\_\_\_ Please describe: \_\_\_\_\_

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Do you drink alcohol more than once a week?  Yes  No If yes, how frequent? \_\_\_\_\_

Daily\_\_\_\_ Weekly\_\_\_\_ Monthly\_\_\_\_ Infrequent \_\_\_\_\_

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

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What counseling framework do you prefer?

Clinical \_\_\_\_\_ Biblical \_\_\_\_\_ Integration \_\_\_\_\_ Spiritual \_\_\_\_\_ Other \_\_\_\_\_ Please Specify,

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