CLIENT INFORMATION INTAKE FORM ***THIS INFORMATION WILL BE KEPT COMPLETELY CONFIDENTIAL*** (PLEASE PRINT CLEARLY)

Today's Date: _____

Name:_____Birthdate_____Age___

Address_____

City_____ State_____ Zip_____

Email Address:_____

Home Phone ___ _____Work Phone _____

Can we leave a message? Yes/No -Best Place to Leave a Message

_____

Who referred you? Or how did you find me?_____

Level of Education: HS___ College____ Other___

Place/Type of Employment_____

How long? _____ If unemployed, how long: _____ what type of work did you do?

_____

Marital Status (Parents if for a child) married____# of years____; divorced___# of years ___; widowed____# of years____; single____; living with_____

Spouse's Name_____Spouse's Occupation _____

CHILDREN (SIBLINGS IF FOR A TEEN)

NAME _____ BIRTHDATE _____ GENDER _____

NAME _____ BIRTHDATE _____ GENDER _____

NAME _____ BIRTHDATE _____ GENDER _____

In Case of Emergency Notify: _____ Phone: _____

Relationship:_____

Have you ever been hospitalized for psychiatric reasons? Y/N If yes, what were the circumstances? _____

Please include dates: _____

When was your last full physical exam?

_____

Any physical/medical issues?

_____

Sleeping issues? Y / N How many hours of sleep do you get each evening?

_____

List any medications you are presently taking and dosage:

_____ _____ _____

_____ _____ _____

Any family members (include parents, grandparents, aunts, or uncles with emotional issues (depression, anger, anxiety, etc)

_____

_____

Any problems with Alcohol?_____drugs?_____

Do you have current thoughts of suicide? Yes/No If so, do you have a plan? Yes/No

Have you *ever* had thoughts about suicide? Yes/No If yes, when was the last time you thought about suicide? _____

Have you ever attempted suicide? Yes No If yes, how many times? _____

How do you spend time relaxing? _____

Have you ever had concerns about eating habits? Yes No

Reasons for seeking counseling at this time?

_____

_____

_____

Have you ever been in counseling before? Y N

For how long? _____

Was it helpful? Y N Please explain:

_____

Is this your choice for counseling? (if no, please explain)

_____

Please Check Any of the Following Conditions That Currently Apply to You

___Headaches ___Nervousness ___Dizziness ___Fainting Spells
___Shyness ___Stomach Trouble ___Relaxation ___Stress ___Anxiety
___Fatigue ___Legal Matters ___Self Control

___No Appetite ___Anger ___Memory ___Making Decisions

___Insomnia ___Nightmares ___Separation ___Energy

___Inferiority ___Take Sedatives ___Drug Use ___Loneliness

___Bowel Troubles ___Marriage ___Use Alcohol ___Allergies

___Suicidal ___Sexual Problems ___Work ___Under eating

___Overeating ___Home Conditions ___Friends ___Concentration

___Temper ___Ambition ___Divorce ___My Thoughts

___Parenthood ___Health Problems ___Age ___Finances

___My appearance ___Future ___Sexual Abuse ___ Children

___Career Choices ___Weight ___Unhappiness ___Depression

___Mood Swings ____Fears ___Self-esteem ___Physical Abuse

Revive Counseling LLC

Circle everything that has happened to you in the past two years: Death of a spouse/partner, Marriage Problems, Divorce, Death of a family member, Family Issues (with children/parents/in-laws)

Major illness/injury of self, Financial issues, Move to another city or state, Major illness/injury of relative, Legal Problems, Bad break up

Job dissatisfaction/Loss of job

Other _____

Religious/Spiritual/ Faith Information:

How often do you attend Church, Synagogue or other religious services?_____

If so, where do you attend?_____

Describe any specific religious/spiritual beliefs/values you feel strongly about

_____

_____

Consent for evaluation and treatment. – I hereby give consent for evaluation and treatment. It is agreed that either of us may discontinue the evaluation and treatment at any time and that I am free to accept or reject the treatment provided.

In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor: _____ DOB _____
Relationship: _____