

Confidential Client Intake Form

Personal Information:

Today's Date: _____

Full Name _____ Preferred Name/Nickname _____

Address: _____

City: _____ State _____ Zip _____

Occupation _____ Highest Level of Education _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Preferred method of contact _____ Email Address: _____

Birth Date: _____ Age: _____ Sex: Male _____ Female _____

How did you discover this office? _____

Marital Status:

_____ Single

_____ Married for _____ years. I have been married _____ times. How happy are you in this marriage? _____

_____ Divorced for _____ years after a marriage of _____ years.

_____ Separated/Widowed for _____ years after a marriage of _____ years.

Name of spouse if currently married _____ Spouse's Occupation _____

In case of emergency please notify: _____

First names and ages of children, if any _____

Do you have any current legal issues/court involvement? _____

Medical History:

Are you currently under medical care? _____ If yes, please indicate reason _____

Physician's Name _____ Phone: _____

Do you (or spouse if marriage counseling) take any prescription medications? _____ If yes, what are they? _____

Other significant medical history _____

Medications and dosage: _____

Substance Use & History

List substance usage and please include alcohol, marijuana, cocaine, and other non-prescription drugs

<u>Family Member</u>	<u>Substance</u>	<u>Level/Frequency</u>
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Counseling/Therapy History:

Have you previously seen a counselor/therapist/psychologist/psychiatrist? _____

Facility & Clinician Name/Dates/Reason for treatment:

Inpatient treatment Facility Name/Date/Reason for treatment:

What are some things gained/learned by your therapy experience? _____

Was there anything that your counselor did that was not helpful? _____

When was your last appointment with any of the above? _____

Have you ever attempted suicide? _____ If so, when and by what means _____

Have any family members attempted suicide? _____

Current Therapy Desires:

In your own words, what is your reason for seeking services? _____

How long have these concerns been causing you distress? _____

How would you know if your problem got better? _____

How would other people know if the problem got better? _____

What kinds of support systems (connections) do you have in place (family, church, support groups, friendships, etc)?

Please list major changes you and/or your family have experienced during the past five years (e.g. death, health, relocation, divorce, job, trauma):

Current or past physical, emotional, neglect, or sexual abuse? _____

Is there anything else you feel that is important for the therapist to know: _____

