INTAKE FORM

It is not required that you answer all questions, however, your thorough completion of the questionnaire is strongly encouraged as it assists with a more thorough assessment and supports a more efficient treatment planning. The information will not be disclosed to anyone and will be kept in a confidential clinical file. Please print using upper case.

CONTACT INFO

NAME: _____ _____
Last Name First Name

ADDRESS _____ _____ _____
Number & Street Name City Postal Code

HOME PHONE: _____ OK to leave message? ❑ Yes ❑ No

CELLPHONE: _____ OK to leave message? ❑ Yes ❑ No

WORK PHONE: _____ OK to leave message? ❑ Yes ❑ No

PREFERRED EMAIL: _____

SKYPE (for video sessions): _____

EMERGENCY CONTACT PERSON: _____ **PHONE**: _____

REFERRAL INFO

HOW DID YOU HEAR ABOUT ME? _____

EMPLOYMENT INFO

STATUS: ❑ Full time ❑ Part-time ❑ Unemployed ❑ Student ❑ Retired ❑ Other

EMPLOYER: _____

CURRENT POSITION: _____**SINCE**: _____
Month & Year

CONTENT WITH EMPLOYMENT: ❑ Very ❑ Moderately ❑ Very Little ❑ Not At All ❑ Not Sure

RELATIONAL INFO

GENDER: ❑ Male ❑ Female **AGE**: _____ **DOB**: _____
MM.DD.YY

STATUS: ❑ Single ❑ Married ❑ Living Together ❑ Separated ❑ Divorce ❑ Other

If in committed relationship, for how long? _____ How long have you known your partner? _____

Partner's Name: _____ Partner's Age: _____

Number of Marriages for You? _____ For your partner? _____

If Divorced or Widowed, for how long? _____

With whom do you currently live? ❑ Alone ❑ Spouse ❑ Children ❑ Sibling(s)

❑ Boyfriend ❑ Girlfriend ❑ Other: _____

MEDICAL INFO

GENERAL HEALTH: ❑ Excellent ❑ Good ❑ Acceptable ❑ Poor

UNDER DOCTOR'S CARE? ❑ No (skip to next section) ❑ Yes (answer questions below)

CONDITION OR REASON: _____

MEDICATIONS (Name & Dosage): _____

PHYSICIAN'S NAME: _____

PRIOR CONDITIONS (illnesses, injuries, surgeries, accidents, trauma of any kind): _____

_____

EDUCATIONAL INFO

HIGHEST LEVEL COMPLETED: ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ College ❑ University ❑ Graduate 1 2 3 4 5 6

CERTIFICATES, DIPLOMAS, DEGREES ACHIEVED: (1) _____ YR _____

(2) _____ YR _____ (3) _____ YR _____

PROFESSIONAL DESGINATIONS: _____

FAMILY HISTORY

WHERE BORN: _____ _____
City Country

ETHNICITY: _____

RAISED BY: ❑ Birth parents ❑ Adoptive parents ❑ Foster parents ❑ Extended family member

If raised by someone other than birth parents, briefly describe situation: _____

_____

BIRTH PARENTS: ❑ Still live together ❑ Not living together

If parents separated or divorced, what year: _____ How old were you: _____

BIRTH FATHER: ❑ Alive ❑ Deceased

If Deceased: What year? _____ How old were you: _____ Cause of Death: _____

If Alive: Where father resides: _____

Father's Status: ❑ Single ❑ Married ❑ Living Together ❑ Separated ❑ Divorce ❑ Other

How Long With His Current Partner: _____ Number of Marriages: ❑ 0 ❑ 1 ❑ 2 ❑ 3

Father's Occupation: _____

Relationship with Your Father: ❑ None ❑ Minimal ❑ Functional ❑ Affectionate ❑ Very close

BIRTH MOTHER: ❑ Alive ❑ Deceased

If Deceased: What year? _____ How old were you: _____ Cause of Death: _____

If Alive: Where mother resides: _____

Mother's Status: ❑ Single ❑ Married ❑ Living Together ❑ Separated ❑ Divorce ❑ Other

How Long with Her Current Partner: _____ Number of Marriages: ❑ 0 ❑ 1 ❑ 2 ❑ 3

Mother's Occupation: _____

Relationship with Your Mother: ❑ None ❑ Minimal ❑ Functional ❑ Affectionate ❑ Very close

FAMILY HISTORY - CONTINUED

SIBLINGS IN FAMILY OF ORIGIN:

Number of Children in your Birth Family: _____ Your Place in the Birth Order: _____

Identify each child by birth order (e.g. #1 is oldest sibling) and by gender (M or F). If sibling is deceased, place an X through the placement number. Include yourself in the and circle your number.

#1 Name: _____ Age ____ #2 Name: _____ Age ____

#3 Name: _____ Age ____ #4 Name: _____ Age ____

#5 Name: _____ Age ____ #6 Name: _____ Age ____

Sibling you are closest to: _____ Sibling you are most distant from: _____

STEP PARENT(S): ❑ No ❑ Yes If Yes: ❑ Step-Father ❑ Step-Mother

Step-Father: How old were you when they joined your family? _____

Describe relationship: _____

Step-Mother: How old were you when they joined your family? _____

Describe relationship: _____

STEP-SIBLINGS (skip to next section if not applicable)

Identify each child by birth order (e.g. #1 is oldest sibling) and by gender (M or F). If sibling is deceased, place an X through the placement number.

#1 Name: _____ Age ____ #2 Name: _____ Age ____

#3 Name: _____ Age ____ #4 Name: _____ Age ____

#5 Name: _____ Age ____ #6 Name: _____ Age ____

Step-sibling you are closest to: _____ Step-sibling you are most distant from: _____

FAMILY DYNAMICS (family members, including yourself)

Alcoholism: ❑ No ❑ Yes **Drug Abuse or Addictions**: ❑ No ❑ Yes

Domestic Violence: ❑ No ❑ Yes **Verbal or Psychological Abuse**: ❑ No ❑ Yes

Sexual Abuse: ❑ No ❑ Yes **Depression**: ❑ No ❑ Yes **Suicidality:** ❑ No ❑ Yes

SPIRITUAL INFO

RELIGIOUS/SPIRITUAL UPBRINGING: _____

PRESENT ORIENTATION: _____

IS SPIRITUALITY PART OF YOUR LIFE: ❑ Yes ❑ No

EXPLAIN: _____

_____

PRIOR COUNSELING INFO

PRIOR THERAPY: ❑ No (skip to last question in this section) ❑ Yes (answer questions below)

If "YES", For What Reason? _____

For How Long: _____ **For What Issue(s):** _____

Describe Approach: _____

Outcome: ❑ No effect ❑ Helped a little ❑ Helped a lot

REASON FOR SEEKING COUNSEL

PRESENTING ISSUE: _____

_____

HOW LONG HAS THIS BEEN A PROBLEM: _____

CONTRIBUTING FACTORS (e.g trauma, stressful job, etc): _____

_____

HOW DISTRESSING ARE YOUR PROBLEMS AT THIS MOMENT (1=slightly, 10=extremely): _____

WHAT DO YOU WANT TO WORK ON: _____

_____