

Intake Information

Name _____ Birth Date _____

Main reasons you are seeking help right now?

Family of origin history

Place of birth: _____

Race: _____ Ethnicity: _____

Religious affiliation _____ Are you currently active? _____

Father's age or year of death: _____ Mother's age or year of death: _____

Parent marital status (circle one): Married Separated Divorced Widowed

With whom did you live while growing up? _____

Father's education: _____ Occupation: _____

Mother's education: _____ Occupation: _____

Please describe your relationship with your father: _____

Please describe your relationship with your mother: _____

Please describe your parent's marital status and relationship with one another: _____

How many siblings? Please give names, birth order and ages, education, and occupation

Please describe your relationship with your siblings: _____

Marital & Family History

Your marital status (please circle one): Married Separated Divorced Single Widowed

How long have you been married? _____

How is your marital relationship? _____

What do you have conflicts over (please circle the ones that apply):

Money In-laws Friends Mental health problems Sex Job Legal problems

Communication Alcohol/substance use Other (describe) _____

Previous Marriages, length of? Reason for divorce? _____

Names, ages and nature of relationship with your children:

Children not living with you: _____

With whom are you living? _____

Relationship? _____

Describe your friendships, (circle one): I have no friends I have only acquaintances

I have close friends I have both close friends and acquaintances How many close

friends do you have? _____

Interests/Activities/Organizations (circle them):

Reading hiking crafts night life shopping dancing

Hunting music television writing skiing drawing

Sports computers jogging biking walking movies

Swimming working out fishing cooking camping photography

Nature Other (describe) _____

Education/Work History

What is your education? _____

College _____ Degree _____

What is the highest grade your significant other has completed? _____

College _____ Degree _____

Do you have any plans to continue your education? _____

Are you currently employed, and if so, what type of work? _____

If married, what is your spouse's occupation? _____

Are you currently satisfied with your work? Explain. _____

What job(s) have you had in the past? _____

Military History (you or your spouse) _____

Legal History

Please describe any legal problems, Protective Service involvement, arrests, work-related lawsuits, medical malpractice suits, etc.

Are you presently on parole or probation? _____

Medical History

Please describe all major illness, surgeries, medical conditions, accidents, hospitalizations, or handicaps: _____

Have you had previous psychotherapy or counseling? _____

If yes, when and where? _____

1. Name of counselor: _____ Date began _____ Date ended _____

2. Name of counselor: _____ Date began _____ Date ended _____

Reason for seeking help? _____

Reason for ending? _____

Have you had suicidal thoughts or urges? _____

Have you attempted suicide? If yes, when? _____

Have you had homicidal thoughts or urges? _____

Do you have sexual difficulties? _____

Alcohol and Drug Use History

Please describe your history with use of substance use, including alcohol, caffeine, stimulants, cocaine, tranquilizer, barbiturate, marijuana, heroine, and nicotine, etc.

Treatment? _____

Do you believe you have a problem with drugs or alcohol? _____

Have there been incidents of overdose, withdrawal, or adverse reactions to drugs or alcohol? If yes , describe: _____

Please list all medications you are currently taking including the dose, how often, for what purpose, and date prescribed: _____

Primary Doctor Name and Phone #: _____

Recent/Current Medical Problems: _____

Trauma/Abuse History

Please describe whether you were ever sexually, physically, or emotionally abused:

(When and by whom? Optional)

Have you ever witnessed anybody being abused (physical, sexual, or emotional)?

(When and by whom? Optional)

Have you ever been involved in or were close to somebody who was traumatized, such as victimized by abuse, been in a fire, natural disaster, violent crime, car accident, etc?

Are there mental health problems in your family? Including drug or alcohol problems, depression, anxiety, schizophrenia, delinquency, or abuse?

Any suicide in your family? Explain

For **women only**: Have you ever had any miscarriages? Abortions?

For **men only**: Have you ever been involved with a woman who had any miscarriages or abortions?

Please describe concerns that you would like help with _____

I will know that counseling has been helpful when (please finish) _____

Client Signature

Date

Therapist Signature

Date