

COUNSELING INTAKE FORM

Note: This information is confidential.

Demographic Information:

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Mailing Address: _____

Current Employer: _____ Position Title: _____

Current Occupational Status: (i.e., F/T, P/T, self-employed, student, returning to work): _____

Level of Education: _____ Currently a student: _____

Emergency Contact Name: _____

ER Contact Relationship: _____ Emergency Contact Phone: _____

How were you referred? _____ May I contact the source to thank them? _____

Have you had counseling before? Yes No

If yes, who was seen, where and when?

How helpful was treatment?

Has there ever been a psychiatric hospitalization? Yes No

Are there any health problems? Yes No

If yes, describe:

Is there any disability? Yes No

If yes, describe:

List any medications that you are currently taking:

Is there a history of mental health concerns or substance abuse in your family? If yes, describe.

Current Concerns:

What concern brings you in?

When did this concern begin (give dates)?

Please describe significant events occurring at that time, or since then, which may relate to the development or maintenance of this concern:

Children/Step Children

Name	Age	Sex	Live with you?	Child or Step Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parents

Name	Age	Location	Married/Divorced	Remarried/Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Siblings

Name	Age	Location	Marital Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you involved in any current or pending civil or criminal litigation, or divorce/custody disputes?