

INTAKE FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_

Marital status \_\_\_\_\_ Educational level \_\_\_\_\_

Occupation \_\_\_\_\_ Names and ages of children \_\_\_\_\_

Emergency contact information \_\_\_\_\_

What issues or concerns caused you to seek counseling? \_\_\_\_\_

Do you have any specific goals with regard to counseling? \_\_\_\_\_

Do you have any particular concerns/fears with regard to counseling? \_\_\_\_\_

PSYCHOLOGICAL HISTORY

Have you ever received mental health treatment before? If so, when and for how long? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Names of treating therapists, addresses, telephone numbers \_\_\_\_\_

Have you ever been hospitalized for mental or emotional problems? \_\_\_\_\_

If so, when and for how long? \_\_\_\_\_

Why were you hospitalized? \_\_\_\_\_

Name of treating therapist, address, telephone number \_\_\_\_\_

Are you currently taking any prescription medications? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_

How long have you been on the medications? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_

When? \_\_\_\_\_

Describe the circumstances that led to that attempt \_\_\_\_\_

How would you describe your childhood? \_\_\_\_\_

Were you ever subjected to verbal, physical, emotional, sexual abuse? \_\_\_\_\_

If so, please describe. \_\_\_\_\_

Have you ever been a victim of a violent crime? Please describe. \_\_\_\_\_

\_\_\_\_\_

Have you ever been in a 12-step program? Please describe \_\_\_\_\_

\_\_\_\_\_

Please describe your spiritual identity \_\_\_\_\_

Please describe your interests/hobbies- \_\_\_\_\_

Please feel free to include any other information that you believe is relevant to your counseling, not  
previously described \_\_\_\_\_

\_\_\_\_\_