INITIAL INTAKE FORM

(Please answer all questions to the best of your ability)

Name _____ Date _____

Contact Telephone or email if preferred: _____
May I leave a message? _____

Occupation: _____ Full-time _____ Part-time _____

Presenting problem or current situation you would like to discuss with counselor trainee (please describe):

_____

_____

_____

_____

Identifying Information

Date of Birth _____/_____/_____ Sex: Male _____ Female _____ Transgendered _____

Race: White _____ Black _____ Asian _____ Hispanic _____ Native American _____ Other _____

Religious affiliation, (if any) _____

Relationship status _____

Treatment History (General)

Are you currently receiving counseling services? Yes_____ No_____

Are you currently taking medications for your mood, psychological condition or medical condition?

Yes____ No___ If yes, please name the medication(s):

Have you ever considered causing harm to yourself? Yes_____ No____

If yes, when? _____

Are you currently suicidal? Yes_____ No_____
If yes, please explain

_____

Do you drink alcohol? Yes_____ No_____
If yes, please indicate type of alcohol, how much, and how frequently you drink:

_____

Have you ever taken prescription medication not prescribed to you? Yes_____ No_____
If yes, please indicate type of medication, how much, and how frequently taken:

_____

Family History (General)

Relative	Name	Living? Yes/No	Age or Age at Death	Occupation	Quality of Your Relationship
Father					
Mother					
Sister(s)					
Brother(s)					
Other Significant Persons					

Personal Considerations:

My strengths are: _____

My weaknesses are: _____

Please name something(s) most people would not know about you:

_____

In difficult times, who (and/or what) are you most likely to turn to for support?

_____

Is there anything else you think I should know about you at this time?

_____