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Client Intake Form

➔*All of the information that you provide in this intake is confidential and cannot be released without your consent.* ➔

Help us to know a little about you and what brought you to our office by filling out the following form. It is important that you be completely honest and take the time to answer every question as thoroughly as possible. By answering these questions you'll insure that we don't waste the first few sessions covering "the basics." You'll feel better understood, and it will help us make the most of our time.

Client Identifying Information

Name_____ Birth Date: ____/____/_____ Age_____
S.S.#_____
Home Phone: ( ) _____-_____ Work: ( ) _____-_____ ext. _____
Cell Phone: ( ) _____-_____
Address _____ City _____ ST _____ ZIP_____

Presenting Problem

- Please describe what prompted you to make this appointment:
  _____
  _____
  _____
  _____
- What would you like to come out of us working together?
  _____
  _____
  _____
- What is your best guess of how long it should take to accomplish this?_____
- What is the first thing that you will notice that will let you know that things are getting better?
  _____
  _____
- What have you tried thus far to address this problem? _____
  _____
  _____
  _____
  _____
- What do you think has stopped or is stopping you from successfully addressing this problem?
  _____
  _____
  _____
  _____
  _____

Health Information

Starting with childhood, list all diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures and any other medical conditions you have had.

Age	Illness/Diagnosis	Treatment	Treated by	Result

- List all medications you are currently taking: (prescribed, over the counter, and others)

Medication:	**Dosage:** *(how much you take)*	**Taken for:**	**When started**	**Prescribed by:**

- Current family or personal physician or medical agency:

Name_____ Address_____ Phone_____
Name_____ Address_____ Phone_____
Name_____ Address_____ Phone_____

MAY WE CONTACT YOUR CURRENT PHYSICIAN FOR THE PURPOSES OF TREATMENT PLANNING: Y N (circle one)

- How many hours of sleep do you usually get per day? _____
- Any difficulty falling or staying asleep? Y N *(circle one)*
- Do you usually feel or seem rested when you awake? Y N *(circle one)*
- How is your energy level? _____
- How is your appetite (*desire to eat*)? _____
- Has there been a change in appetite? *(circle one)* Increase Decrease No change

- How much/what does client typically eat?_____
- Has there been a change in <u>interest</u> in sex? Y N (*circle one)*

Mental Health Information

Please list any prior mental health treatment or psychological testing conducted not listed in the health section of this form:

Age	Illness/Diagnosis	Treatment	Treated by	Result	Why did treatment end

- How would you describe the client? Check all that apply:

☐ Depressed	☐ Anxious	☐ Friendly	☐ Confused	☐ Irritable
☐ Overweight	☐ Shy	☐ Procrastinating	☐ Helpful	☐ Precise
☐ Shallow	☐ Outgoing	☐ Underweight	☐ Inept	☐ Proud
☐ Weak	☐ Distant	☐ Low self-esteem	☐ Sarcastic	☐ Self-doubting
☐ Helpless	☐ Lost	☐ Hopeless	☐ Short-fuse	☐ Dependable
☐ Hopeful	☐ Poor memory	☐ Poor concentration	☐ Hyper-active	☐ Guilty
☐ Tough-skinned	☐ Caring	☐ Secretive	☐ Passive	☐ Overwhelmed
☐ Bizarre	☐ Grieving	☐ Empty	☐ Sad	☐ Distant
☐ Self-critical	☐ Jolly	☐ Forgiving	☐ Nervous	☐ _____

- Has the client been or is he/she now the victim of or witnessed:

Domestic spousal abuse/violence	Y	N
Physical abuse	Y	N
Emotional abuse	Y	N
Sexual abuse or assault	Y	N

If the answer to any of the above questions about abuse is "yes;"

- Was the abuse reported Y N (*circle one)*
- What was the outcome of reporting it? _____

_____

_____

- Is the abuse still going on? Y N (*circle one)*
- Has the client ever discussed or attempted suicide Y N (*circle one)*
- If so, please describe: _____

_____

_____

- Is there a family-history of mental health concerns or treatment Y N (*circle one)*
- If so, please describe: _____

_____

_____

_____

Educational Background

Please list all schools that the client has attended, starting with current or most recent:

Dates: (from date-to date)	School Name:	Special Classes:	Grades: (A,B,C,D,F's)	Graduate?
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In general, how does (or did) the client do in these areas in school: (circle one)

1. Adjustment to school? Very Poor Poor Well Very Well
2. Academics? Very Poor Poor Well Very Well
3. Peers? Very Poor Poor Well Very Well
4. Teachers, Principals, or Professors? Very Poor Poor Well Very Well
5. Extra Curricular involvement? Very Poor Poor Well Very Well

Employment /Military Service History:

(starting with current or most recent)

Dates: (from date-to date)	Employer:	Job Title:	Reason for Leaving:
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CURRENT FAMILY INCOME (annual):

☐Below $10,000 ☐10,000—25,000 ☐25,001—50,000 ☐50,001—75,000

☐75,001--100,000 ☐100,001—150,000 ☐Above 150,000

Legal History:

Please list any situations that have brought you in contact with the legal system, law enforcement, or the courts

Date or approximate age	Describe the situation	Outcome

Family Information

Family-of-Origin history

Relative Name Current age or age at death) cause of death (if deceased) how do client and relative get along?

Father _____ _____ _____ _____
Mother _____ _____ _____ _____
Stepfath. _____ _____ _____ _____
Stepmoth. _____ _____ _____ _____
Sibling _____ _____ _____ _____
Sibling _____ _____ _____ _____
Sibling _____ _____ _____ _____
Sibling _____ _____ _____ _____
Sibling _____ _____ _____ _____

Current Family Structure

Please list all individuals who currently live with you. Include any information about foster home placement, or custody arrangements for separated/divorced parents.

_____
_____
_____
_____
_____
_____
_____
_____
___

Marital/Relationship History

Please include information regarding significant romantic relationships

Current or most recent (circle on) : Spouse Partner
How long have you:
Been married (of if divorced how long were you married; from _____ to_____
lived together from _____to_____ , dated from_____ to_____
How did you and your spouse/partner meet?_____
_____
_____

Describe you relationship_____
_____
_____

Positive things about your spouse_____
Negative things about your spouse_____

If divorced, what lead up to it?_____
_____
_____

Previous (circle one) : Spouse Partner
How long have you:
Been married (of if divorced how long were you married; from _____ to _____
lived together from _____to_____ , dated from_____ to_____
How did you and your spouse/partner meet?_____
_____
_____

Describe you relationship_____
_____
_____

Positive things about your spouse_____
Negative things about your spouse_____

If divorced, what lead up to it?_____
_____
_____

Children

Name	DOB	Age	Sex	School	Grade	Difficulties/problems

Lifestyle

Alcohol and Drug Use

Please indicate your use of the following (unless listed under medications):

Name	Age when first used	Most used at one time	Current use	Last time used	If use has ended, why
Caffeine					
Nicotine					
Alcohol					
Amphetamine (speed, uppers)					
Depressants (xanax, Klonopin)					
Inhalants (whip-its, paint, glue)					
Marijuana (pot, weed)					
Narcotics (Vicodin, Oxycotton, Percocet, heroin)					
Cocaine (blow, crack)					
Methamphetamine (meth, crank, ice, glass, crystal)					
Ecstasy					
Other					

Have anyone complained about your drinking/drug use? Y N Who _____
Have you ever felt guilty over your drinking/drug use? Y N
Do you typically have a drink to get going in the morning? Y N
Have you ever consumed alcohol while working without approval of you employer? Y N
Have your drug/alcohol use resulted in problems at work, home, or personal life? Y N
Have you ever blacked out from alcohol/drug use? Y N More than 3 times? Y N
How many times have you been *charged* with DUI/OVI _____

Religious/Spiritual Beliefs

Childhood:_____
_____
Current:_____
_____

To what degree do spiritual and religious beliefs impact you?_____
_____
_____

Is there anything else you feel it's important for me to know?_____
_____
_____

Thank you for taking the time to fill out this form. All information contained within is confidential and can only be released with a valid and signed release of information.