

# Confidential Client Intake Form

## **Personal Information:**

Today's Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Preferred Name/Nickname \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

But prefer you contact me at \_\_\_\_\_ or Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

How did you discover this office? \_\_\_\_\_

If someone referred you here, may I send them a thank you? \_\_\_\_\_

## **Marital Status:**

\_\_\_\_\_ Single

\_\_\_\_\_ Married for \_\_\_\_\_ years. I have been married \_\_\_\_\_ times. How happy are you in this marriage? \_\_\_\_\_

\_\_\_\_\_ Divorced for \_\_\_\_\_ years after a marriage of \_\_\_\_\_ years.

\_\_\_\_\_ Separated/Widowed for \_\_\_\_\_ years after a marriage of \_\_\_\_\_ years.

Name of spouse if currently married \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

First names and ages of children, if any \_\_\_\_\_

Do you have any current legal issues/court involvement? \_\_\_\_\_

## **Medical History:**

Are you currently under medical care? \_\_\_\_\_ If yes, please indicate reason \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Do you (or spouse if marriage counseling) take any prescription medications? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Other significant medical history \_\_\_\_\_

List substance usage and please include alcohol, marijuana, cocaine, and other non-prescription drugs

Family Member

Substance

Level/Frequency

<u>Family Member</u>	<u>Substance</u>	<u>Level/Frequency</u>

**Counseling History:**

Have you previously seen a counselor/therapist/psychologist/psychiatrist? \_\_\_\_\_

Name/Date/Location \_\_\_\_\_

What are some things gained/learned by your counseling experience \_\_\_\_\_

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Was there anything that your counselor did that was not helpful \_\_\_\_\_

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When was your last appointment with any of the above? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ If so, when and by what means \_\_\_\_\_

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Have any family members attempted suicide? \_\_\_\_\_

**Current Counseling Desires:**

In your own words, why you are seeking counseling now? \_\_\_\_\_

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How long have these concerns been causing you distress? \_\_\_\_\_

By whom were you referred to this counseling center? \_\_\_\_\_ May I thank them? \_\_\_\_\_

How would you know if your problem got better? \_\_\_\_\_

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How would other people know if the problem got better? \_\_\_\_\_

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What kinds of support systems (connections) do you have in place?

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Please list major changes you and your family have experienced during the past five years (e.g. death, health, relocation, divorce, job, trauma):

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Is there anything else you feel that is important for the counselor to know: \_\_\_\_\_

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