



Date _____

Confidential Individual Intake

Referred By _____

Payment Information - Insurance Y N Carrier _____ PPD _____ Cash Pay _____

Last Name _____ First Name _____ Middle Initial _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

May we contact you at work? Yes ___ No ___ May we contact you at home? Yes ___ No ___

Social Security # _____ Highest Level of Education _____

Marital Status (circle one) Married Single Divorced Widowed Separated

Spouse's Name _____ Birth Date _____ Years Married _____

Children's Names (include step)	Birth Date	Address (if different)

Marital History: Spouse Name	Age	Dates

Additional Comments on Children or Marital History:

Church Affiliation (if any)

Are you currently under medical treatment? Yes ___ No ___ If yes, name of Doctor:

Are you currently taking any medication? Yes ___ No ___ If yes, please list:

Confidential Individual Intake

Please describe any current or chronic diagnosed medical conditions: _____ _____ _____ _____
Are you currently involved in any legal matters, including custody disputes or insurance settlements? If so, please describe: _____ _____ _____ _____

Previous counseling experiences

Counselor _____	Length of Counseling _____
Dates _____	Location _____
Counselor _____	Length of Counseling _____
Dates _____	Location _____

Reason for seeking counseling (Describe presenting problem, including length & precipitating event, if applicable)

Goals for counseling

Please circle any appropriate answers:

- | | |
|--|-------------------------------|
| 1. Current or previous alcohol or drug abuse | 6. History of sexual abuse |
| 2. Eating disorders | 7. History of physical abuse |
| 3. Family/spouse current or previous alcohol or drug abuse | 8. Changes in sleep |
| 4. Habits you are struggling with _____ | 9. Changes in level of energy |
| 5. Anger difficulty | 10. Changes in eating habits |
| | 11. Financial stress |

Confidential Individual Intake

Please circle (continued)

- 12. Marital distress
- 13. Parenting
- 14. Recent loss of a loved one
- 15. Job difficulties
- 16. Anxiety difficulties

Have you ever had suicidal thoughts? If yes, please explain

Give a brief history of relationships with:

Father _____

Mother _____

Brother(s)/Sister(s) _____

Spouse _____

Children _____

Are there additional comments you would like to tell us about yourself?
