

## COUNSELING INTAKE FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

**Physical History**(please be accurate, medical records may need to be disclosed at some point)

General Health \_\_\_\_\_

Are you now under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_

Reason for doctor's care \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Reason for medication \_\_\_\_\_ Last medical examination \_\_\_\_\_

Have you ever been hospitalized for a physical illness? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for a mental illness? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_

Any recent major illnesses or surgeries? \_\_\_\_\_

Any recurrent or chronic conditions? \_\_\_\_\_

Do you smoke: \_\_\_\_\_ Do you take drugs? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you drink? \_\_\_\_\_ How much? \_\_\_\_\_

Any Previous Therapy/Counseling? \_\_\_\_\_ If yes, describe, when, where, how long, what for \_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve with therapy? \_\_\_\_\_  
\_\_\_\_\_

## INTAKE 2

### Work History

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

If presently unemployed, describe the situation \_\_\_\_\_

\_\_\_\_\_

Hobbies/Avocations \_\_\_\_\_

### Family Systems Information

Where born \_\_\_\_\_ How long there \_\_\_\_\_ Ethnic ID \_\_\_\_\_

Parents: Father alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Mother alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_ #of marriages \_\_\_\_\_ Spouse's name \_\_\_\_\_

Living with a partner \_\_\_\_\_ How long \_\_\_\_\_ Partner's Name \_\_\_\_\_

Children: #1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_ #6 M F Age \_\_\_\_\_

Family Alcoholism or Domestic Violence? \_\_\_\_\_ Sexual Addictions or Abuse? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ If yes, what year \_\_\_\_\_ Your age at the time \_\_\_\_\_

If deceased, what year? \_\_\_\_\_ Your age at the time \_\_\_\_\_ Cause of death \_\_\_\_\_

Any step-parents? \_\_\_\_\_ If yes, describe when and your relationship with them \_\_\_\_\_

\_\_\_\_\_

If reared by someone other than your birth parents, describe the situation in some detail \_\_\_\_\_

\_\_\_\_\_

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.

### INTAKE 3

#### Spiritual History

Religious upbringing \_\_\_\_\_ Present Affiliation \_\_\_\_\_

Is this an important part of your life \_\_\_\_\_ Why/why not \_\_\_\_\_

#### Emotional Status

Are you currently experiencing strong emotions? \_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Do you make decisions based on your emotions? \_\_\_\_\_ How well does that work for you? \_\_\_\_\_

\_\_\_\_\_

Did you have what you would consider to be childhood or other traumas? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

Have you been treated for emotional disturbances? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had any thoughts of suicide \_\_\_\_ If so, when \_\_\_\_\_ Do you have any thoughts now \_\_\_\_\_

#### Present Situation

Please state why you decided to come for counseling/therapy \_\_\_\_\_

\_\_\_\_\_

What is the nature of your situation \_\_\_\_\_

\_\_\_\_\_

What would you like to experience that is different from what you are experiencing now \_\_\_\_\_

\_\_\_\_\_

How long has this been a problem for you \_\_\_\_\_

\_\_\_\_\_

Please state what you would like to work on in therapy \_\_\_\_\_

\_\_\_\_\_

How did you hear about Inner Source Counseling? \_\_\_\_\_

\_\_\_\_\_