

CONFIDENTIAL COUNSELING INTAKE FORM

Please complete this form, thus reducing the amount of time your counselor has to spend obtaining the basic information. Thank you for your cooperation. PLEASE NOTE: This information is for counseling use only. It is considered confidential: we will not release information to anyone, nor will we contact those listed below, without your permission.

PLEASE FILL OUT BOTH SIDES

TODAY'S DATE _____

BASIC INFORMATION

Full Name _____ Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Sex (M/F) _____

MARITAL STATUS

_____ Single

_____ Married for _____ years. I have been married _____ times.

_____ Divorced for _____ years after a marriage of _____ years.

_____ Separated/Widowed for _____ years after a marriage of _____ years.

How happy is your marriage? _____

Name of spouse, if currently married. _____ Spouse's Occupation _____

First names and ages of children, if any _____

EDUCATION AND OCCUPATION

Education Status: Current Student? Yes _____ No _____ School _____

Highest degree or year of schooling obtained, and major _____

Current Occupation _____ Are you happy with your work? _____

COUNSELING HISTORY

Have you ever consulted a therapist before? _____ If so, when? _____ How Long? _____

Major problems discussed? _____

What are some things gained/learned by your counseling experience? _____

- PLEASE TURN FORM OVER AND FILL OUT THE OTHER SIDE -

MEDICAL HISTORY

Any medical problems we should know of? _____

Do you think that, either now or in the past, you have struggled with any kind of addiction? _____

If so, what? _____

Have you ever seriously considered or attempted suicide? _____ When? _____

Have you been, or are you now, taking any medications? If yes, what medications and for what problems? List medications and dosages if you know them _____

RELIGIOUS STATUS

If you are a member of a church, please state its name _____

How often do you attend church? _____

In a short space, how do you feel about God in your life? _____

CURRENT COUNSELING DESIRES (Please Fill Out In Detail: These Are Important To Us)

Were you referred to us? _____ If so, by whom? _____

What do you see as the chief problem you need to resolve with a counselor? _____

What is it that you would like to change? _____

How would you know if your problem got better? _____

How would other people know? _____

What are you doing now or in the past that has helped? _____

What have you been doing that hasn't helped? _____

What kinds of support systems/connections do you have in place? _____