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INTAKE FORM *(page 1 of 2)*

Name _____ Birth date _____ Today's date _____

Street address _____ Home phone _____

City/State/Zip _____ Work phone _____

Email _____ Cell phone _____

Which number can we leave a message on? _____

Gender _____ Marital status _____

Household

☐ Live with partner and/or children
☐ Live with parents/other family
☐ Live alone
☐ Live with roommate/other
☐ Other _____

Spouse/partner's name _____ Phone _____

Street address _____

City/State/Zip _____ Work phone _____

Children (names and ages) _____

List any current or chronic medical conditions _____

_____

List any medications you are taking _____

Your work/occupation _____ Employed now? ☐ Yes ☐ No

Main occupation in the past 5 years _____

Highest grade completed _____ Certificate/degree _____

Emergency contact person _____ Phone _____

How did you hear about us? _____

Please continue to page 2

INTAKE FORM *(page 2 of 2)*

Have you been in counseling or psychiatric treatment before? ☐ Yes ☐ No When? _____

Purpose? _____

What are your reasons for coming to our agency? _____

What are your goals for seeking counseling? _____

_____

Please check any of the following that concern you:

☐ Nervousness	☐ Depression	☐ Fears	☐ Shyness
☐ Sexual problems	☐ Suicidal thoughts	☐ Divorce	☐ Finances
☐ Anger	☐ Self-control	☐ Health problems	☐ Sleep problems
☐ Stress	☐ Work/school	☐ Relaxation	☐ Headaches
☐ Drug use	☐ Legal matters	☐ Memory	☐ Ambition
☐ Energy	☐ Insomnia	☐ Making decisions	☐ Bowel troubles
☐ Concentration	☐ Education	☐ Career	☐ Friends
☐ Stomach problems	☐ Inferiority feelings	☐ Nightmares	☐ Children
☐ Unhappiness	☐ Drinking	☐ Physical abuse	☐ Eating problems
☐ Loneliness	☐ My thoughts	☐ Temper	☐ Tiredness
☐ Sexual abuse	☐ Parenting	☐ Self-harm	☐ Gambling

☐ Other _____

Do you have concerns about your use of alcohol or any other substances? ☐ Yes ☐ No

Has anyone else expressed concern about your use of any substances? ☐ Yes ☐ No

If yes, which one(s)? *(please check)*

☐ Alcohol ☐ Tobacco ☐ Cocaine ☐ Amphetamines ☐ Marijuana ☐ Heroin ☐ Other opiates

Other _____

Ethnic background *(optional)*

☐ Caucasian ☐ Asian American ☐ African American ☐ Hispanic ☐ Native American

☐ Pacific Islander ☐ Other_____

Thank you!