# Individual Counseling Intake Form

## GENERAL

Name: ______________________________ Date of birth: ____________________________

Address: ______________________________________________________________________

City: _______________________________ State: ____________ Zip: ____________________

Home phone: ________________________ May I leave a message? ____________________

Work/cell phone: _____________________ May I leave a message? ____________________

E-mail: _____________________________ May I contact you by email? _________________

Employer/school: _____________________ Occupation/studying: ______________________

Emergency contact: ___________________ Phone: ___________ Relationship: __________

Educational background: _______________________________________________________

Learning disabilities: __________________________________________________________

Religious upbringing: __________________________________________________________

Present affiliation/identification (if any): ____________________________________________

Current living situation: _______________________________________________________

Reason for seeking counseling/therapy at this time: _______________________________________

What do you hope to achieve with therapy? _________________________________________

_______________________________________________________________________________

## MEDICAL HISTORY

General health: _______________________________________________________________

Are you now under a physician's care? ___________ If yes, reason for care: _______________

_______________________________________________________________________________

Physician's name: ______________________________ Telephone: ____________________

Medications: __________________________________________________________________

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: _____________________

_______________________________________________________________________________

_______________________________________________________________________________

Have you ever considered or attempted suicide? ________ If yes, please explain:

______________________________________________________________________________

______________________________________________________________________________

Have you ever been in a drug, alcohol or other treatment program? ___ Yes ___ No

If yes, please provide details:

______________________________________________________________________________

______________________________________________________________________________

Do you currently drink alcohol? ___ Yes ___ No

How much/how often: ______________________________________________________

Do you currently use recreational drugs? ___ Yes ___ No

How much/how often: ______________________________________________________

Do you feel you have a problem with alcohol or drugs? ___ Yes ___ No

Previous therapy/counseling: ________ If yes, describe reason, duration and outcome:

______________________________________________________________________________

______________________________________________________________________________

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*Please circle any of the following struggles that pertain to you:*

| | | | |
|---|---|---|---|
| Anxiety | Depression | Fears/Phobias | Eating Disorders |
| Sexual Problems | Suicidal Thoughts | Separation/Divorce | Relationships |
| Finances | Drug/Alcohol Use | Career Choices | Anger |
| Self-Control | Unhappiness | Insomnia | Religious Matters |
| Work/Stress | Health Problems | Cutting/Self-Mutilation | Thought Patterns |

**WORK HISTORY**

Occupation: ____________________________________ How long? ____________________

If presently unemployed, describe situation: ___________________________________

______________________________________________________________________________

Hobbies/avocations: _______________________________________________________

______________________________________________________________________________

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**FAMILY INFORMATION**

*Parents and step-parents (indicate under "age" if deceased)*

| First Name | Age | Gender | Education | Marital Status | Occupation |
|---|---|---|---|---|---|
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |

*Siblings and step-siblings (indicate under "age" if deceased)*

| First Name | Age | Gender | Education | Marital Status | Occupation |
|---|---|---|---|---|---|
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |
| ______________ | ____ | _____ | __________ | __________ | ______________ |

Do any of your relatives have a history of mental illness? _________________________________

If yes, please explain: ______________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Significant partner status (please circle): Single Engaged Married Divorced Separated Living together Remarried Widowed

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Name of significant partner: _________________________________________________________

Children from this relationship:

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______

Children from previous relationship:

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______

Name ____________________________ Gender ________ Age _______