

INTAKE FORM

DATE: _____

NAME OF PERSON COMPLETING FORM: _____

SPOUSE/PARTNER (if applicable): _____

ADULT #1

Education Background

Completed what grade? _____ Did you attend college? _____ Degree? _____

Are you currently attending school? _____ Where? _____

What was/is your major/educational focus in school? _____

Employment History

Place of Employment	Job Title/Responsibilities	Dates at Employment

Relationship/Marital History

Currently Married? YES NO In a relationship? YES NO Cohabiting? YES NO

History of Significant Relationships (include current if applicable):

Name of significant other	From When to When	Married or Cohabited?	# of kids together

Have you ever been the victim of physical, verbal, or emotional abuse in a romantic relationship?

YES NO

Dependents/Children

Name	Age	Location/Residence

Therapy History

Have you participated in therapy before? YES NO

Dates	Name of Therapist	Reason	Rate How Helpful (0-10) 0 = not helpful 10 = most

Have you ever had medication prescribed for mental health reasons? YES NO

Please list (include current medications, if applicable)

Medication	Dose	From when to when	Prescribing MD

Have you even been hospitalized for mental health reasons? YES NO

If yes, please describe (when, where, how long etc.) _____

Have you previously attempted suicide? YES NO

Physical Health

Do you have any physical health problems? YES NO

What are they? _____

Medications? _____

Do you smoke? YES NO How much? _____

Drink Alcohol? YES NO How much? _____

Use recreational drugs? YES NO What ones? _____

How often? _____ When was first use? _____

Do you exercise regularly? YES NO How often? _____

Living Arrangements:

Who resides in your home?

Name	Age	Relationship	Occupation

Social Support

Who do you confide in when necessary? _____

Social History

Where were you born? _____ Raised? _____
 Who raised you? _____
 Were your parents together throughout your childhood? _____
 How many siblings do you have? _____
 Describe your relationship with: Siblings _____
 Mother _____ Father _____

ADULT #2

Education Background

Completed what grade? _____ Did you attend college? _____ Degree? _____
 Are you currently attending school? _____ Where? _____
 What was/is your major/educational focus in school? _____

Employment History

Place of Employment	Job Title/Responsibilities	Dates at Employment

Relationship/Marital History

Currently Married? YES NO In a relationship? YES NO Cohabiting? YES NO

History of Significant Relationships:

Name of significant other	From When to When	Married or Cohabitated?	# of kids together



Have you ever been the victim of physical, verbal, or emotional abuse in a romantic relationship?

YES NO

Dependents/Children

Name	Age	Location/Residence

Therapy History

Have you participated in therapy before? YES NO

Dates	Name of Therapist	Reason	Rate How Helpful (0-10) 0 = not helpful 10 = most

Have you ever had medication prescribed for mental health reasons? YES NO

Please list (include current medications, if applicable)

Medication	Dose	From when to when	Prescribing MD

Have you even been hospitalized for mental health reasons? YES NO

If yes, please describe (when, where, how long etc.) _____

Have you previously attempted suicide? YES NO

Physical Health

Do you have any physical health problems? YES NO

What are they? _____

Medications? _____

Do you smoke? YES NO How much? _____

Drink Alcohol? YES NO How much? _____

Use recreational drugs? YES NO What ones? _____

How often? _____ When was first use? _____

Do you exercise regularly? YES NO How often? _____

Living Arrangements:

Who resides in your home?

Name	Age	Relationship	Occupation

Social Support

Who do you confide in when necessary? _____

Social History

Where were you born? _____ Raised? _____

Who raised you? _____

Were your parents together throughout your childhood? _____

How many siblings do you have? _____

Describe your relationship with: Siblings _____

Mother _____ Father _____

FOR ALL FAMILY MEMBERS TO COMPLETE TOGETHER:

Briefly describe your primary reasons for seeking counseling or consultation at this time:

Do you have any specific goals?

1.

2.

3.

4.

Are all family members willingly participating in counseling/consultation? Please explain, if necessary.

Do any family have any questions or concerns about counseling/consultation?

Signatures:

Family Member #1 Date

Family Member #2 Date

Family Member #3 Date

Family Member #4 Date