

# INTAKE INFORMATION

*Please print clearly*

## Contact Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_\_ Current Age: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

You are here for which service? (please check all that apply)

Personal Counseling \_\_\_\_\_  
Couples Counseling \_\_\_\_\_  
Career Coaching \_\_\_\_\_  
Leadership Coaching \_\_\_\_\_  
Resume Prep \_\_\_\_\_

Executive Coaching \_\_\_\_\_  
Consultation \_\_\_\_\_  
Training/Development \_\_\_\_\_  
Other (Expain): \_\_\_\_\_

## Referral Information:

How did you hear about me? \_\_\_\_\_

If referred, may I send that person/agency a thank-you note? \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Problem/Goals for Treatment:

Briefly state the problem which brought you here:

How long has this situation been in existence?

Prior experience with counseling/consultation:

**Vocational Information:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Rank how much you enjoy your work (1-10, 10 is highest): \_\_\_\_\_

Highest grade achieved in school/which degree: \_\_\_\_\_

**Medical Information:**

Current Medical Problems, if any:

Current Medications:

**Social/Relationships:**

Please list any hobbies or social/civic organizations you enjoy:

Religious Affiliation, if any: \_\_\_\_\_

Spirituality is:

\_\_\_\_\_ Very important to me

\_\_\_\_\_ Somewhat important

\_\_\_\_\_ Not really very  
important in terms of how I  
manage my life /make  
decisions

In terms of healthy, fulfilling relationships with friends or family members, I:

\_\_\_\_\_ don't have enough good  
relationships

\_\_\_\_\_ have plenty of good  
relationships

**Family:**

Do you have a significant partner or spouse? \_\_\_\_\_ First Name: \_\_\_\_\_

Do you have children or step children? \_\_\_\_\_ Yes \_\_\_\_\_ No List names/ages:

Do you have any siblings? \_\_\_\_\_ Yes \_\_\_\_\_ No List names/ages:

Are your parents (check one) \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

? Mother deceased (year: \_\_\_\_\_)

? Father deceased (year: \_\_\_\_\_)

? Other deaths:

# PROBLEM CHECKLIST

NAME: \_\_\_\_\_

Check items below which describe your situation Today's Date: \_\_\_\_\_

## GENERAL

- \_\_\_ Anxious
- \_\_\_ Sleepy; Tired
- \_\_\_ Difficulty Concentrating
- \_\_\_ Upset
- \_\_\_ Mood Swings
- \_\_\_ Difficulty sleeping
- \_\_\_ Sleeping too much
- \_\_\_ I have lost weight
- \_\_\_ I have gained weight
- \_\_\_ I am lonely or isolated

## SAD

- \_\_\_ Depressed
- \_\_\_ Despondent
- \_\_\_ Grief

## MAD

- \_\_\_ Annoyed
- \_\_\_ Irritated
- \_\_\_ Angry

## GLAD

- \_\_\_ Pleased; content
- \_\_\_ Upbeat
- \_\_\_ Ecstatic; joyful

## SCARED

- \_\_\_ Fearful
- \_\_\_ Phobic
- \_\_\_ Tense; anxious
- \_\_\_ Worried; afraid

## SHAME

- \_\_\_ Remorseful
- \_\_\_ Ashamed
- \_\_\_ Embarrassed

## GUILT

- \_\_\_ Remorseful
- \_\_\_ Anger turned inward

## OTHER FEELINGS?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WORK

- \_\_\_ Work is very stressful
- \_\_\_ I'm in a job I don't like
- \_\_\_ In a career I don't like
- \_\_\_ Conflicts with boss
- \_\_\_ Conflicts with coworkers
- \_\_\_ Unemployed
- \_\_\_ Retired and unhappy
- \_\_\_ I want to work but can't

## FAMILY

- \_\_\_ Childhood was very happy
- \_\_\_ Childhood was sad
- \_\_\_ Childhood was confusing
- \_\_\_ Childhood was maddening
- \_\_\_ I felt/feel unsafe with family
- \_\_\_ I turn to friends before family
- \_\_\_ I'm not very connected with family
- \_\_\_ My children are easy; good
- \_\_\_ My children challenge me
- \_\_\_ My children have problems
- \_\_\_ This is my 2<sup>nd</sup> marriage
- \_\_\_ This is my 3<sup>rd</sup> marriage
- \_\_\_ My in-laws are a problem

## HEALTH

- \_\_\_ No health problems I know of
- \_\_\_ Have had problems in the past
- \_\_\_\_\_  
 \_\_\_ Have an invisible disability or illness: \_\_\_\_\_
- \_\_\_ Have undiagnosed health problems
- \_\_\_ Mitro valve prolapse
- \_\_\_ High blood pressure
- \_\_\_ I am depressed
- \_\_\_ I feel I drink too much--  
 \_\_\_\_\_ per week
- \_\_\_ I need drugs to help me
- \_\_\_ I am a recovering addict
- \_\_\_ I eat compulsively
- \_\_\_ I am on a diet
- \_\_\_ Sometimes I skip meals
- \_\_\_ Sometimes I purge or use laxatives
- \_\_\_ Unhappy with my body image

## OTHER HEALTH ISSUES?

\_\_\_\_\_  
 \_\_\_\_\_

## COPING SKILLS

- \_\_\_ I work too much
- \_\_\_ I spend too much
- \_\_\_ I feel overwhelmed
- \_\_\_ I clean or work around the house excessively
- \_\_\_ I am perfectionistic
- \_\_\_ I drink too much
- \_\_\_ I eat too much
- \_\_\_ I don't eat enough
- \_\_\_ I exercise too much

\_\_\_ I think I have healthy coping skills

## OTHER?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## LOSSES/CRISES Last 5 Years:

- \_\_\_ Car accident
- \_\_\_ Death of family member
- \_\_\_ Lost/changed jobs
- \_\_\_ Natural disaster
- \_\_\_ Critical Incident (shooting, etc)
- \_\_\_ Caring for elderly parents

## OTHER?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL:

- \_\_\_ There have been unwanted sexual or physical experiences in my life
- \_\_\_ I did not get adequate help from adults when I asked for it
- \_\_\_ I am troubled about some things that I have never shared with anyone before
- \_\_\_ My parents did not teach me about the facts of life
- \_\_\_ I could say more about this section in a counseling session