Counseling Intake Form

Personal Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____ Age: _____

Education (Level of Completion): _____

Marital Status: _____ How Many Children Do You Have?: _____

How Did you Hear About Us? _____

Health Information

Rate Your Health: 1 2 3 4 5 6 7 8 9 10

Have you experienced substantial changes in weight over a relatively short period of time? _____

Please explain: _____

List all important present or past illnesses, injuries, or
handicaps: _____
_____

Physician Name: _____

Hospital: _____

Have you ever had any psychotherapy or counseling before? _____

If yes, list counselor/therapist and dates: _____

What was the
outcome? _____
_____

Are you presently taking medication? _____

Please list
medications: _____
_____

Have you ever taken drugs for other than medical purposes? _____

Have you ever had a problem with alcohol or drug abuse (prescription or non-prescription)? _____

Have you ever had a severe emotional upset? _____

Do you have problems sleeping? _____

Have you ever been arrested? _____ If so, please explain? _____

Religious Background

What church do you regularly attend? _____

What is the denomination? _____

Are you a member of your church?_____

Are you in good standing? _____ If not, please explain the circumstances: _____
_____

Church attendance per month: _____

Do you believe in God? _____
_____

Do you consider yourself to be a Christian? _____

Do you pray to God? _____

How often do you read the Bible? _____

Explain any recent changes in your religious life, if any: _____
_____

Marriage and Family Information

Name of Spouse: _____

Spouse Age: _____ Education: _____ Religion:_____

Address: _____

City:_____ State: _____ Zip: _____

Is your spouse willing to come for counseling? _____

Have you ever been separated? _____

When did this occur? From: _____ To: _____

_____   _____

Have either of you filed for divorce? _____ When did this occur? _____

Age of husband when married? _____   Age of wife when married? _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____   Length of engagement? _____

Is this your first marriage? _____

Please give brief information about any previous
marriage(s): _____

_____

_____

Basic Information

What is the main problem, as you see
it? _____

_____

_____

Please explain any family dynamics that may contribute to this
issue: _____

_____

_____

_____

What steps have you taken to resolve the
problem? _____

_____

_____

What can we do? What are you hoping to gain from
counseling? _____

_____

As you see yourself, what kind of person are you? Describe
yourself: _____

_____

Is there any other information we should
know? _____

_____

_____

Signature: _____ Date: _____