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## NEW CLIENT INTAKE FORM - ADULT, COUPLE, FAMILY

**Today's Date:** _____

**If filling this out from website: Please fill out this form and email to the above email address. I will call you within two business days once received to have an over-the-phone consultation and set up an appointment.**

**General Information:**

Client Name _____ Birthdate _____ Age _____

Client Address _____

Client phone# _____

Client email _____

Spouses Name _____ Spouse's Number _____

Emergency Contact Name _____ Number (  ) _____- _____

**Therapy Desired** (select all that apply):

Individual  Marital/Couples  Family  Pre-Marital

**Financial Information:** The fee for a 50-minute session is $150.00. Hour and a half session are available for $210.00.

**Counseling Information:**

Please describe briefly what brings you to therapy

_____

_____

Describe what goal(s) you have in mind for your therapy

_____

_____

## Target Symptoms

Thank you for being open about these details. All information will remain confidential.
Please indicate all symptoms that you currently experience by marking the level that best describes their severity. Check on level for each applicable symptom and indicate how long the symptom has been present.

| | | | | | |
|---|---|---|---|---|---|
| Depressed Mood | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Fatigue/Low Energy | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Hopelessness/Helplessness | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Elevated Mood | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Body Complaints | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Suicidal Ideas | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Weight Gain/Loss | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Anxiety | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Lack of Concentration | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Sleep Disturbance | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Panic | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Phobias | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Obsessions/Compulsions | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Impulse Control Issue (Temper) | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Violence, Anti-social Behavior | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Unusual Energy | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Racing Thoughts | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Disorganized Thinking | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Bizarre Ideation/Impulses | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Homicidal Impulses | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Binging/Purging | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Mood Swings | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Irritability | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Delusions | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Hallucinations | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Conduct Problems | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Social Isolation | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Worthlessness | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Hyperactivity | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Dissociative States | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Aggressive Behavior | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |
| Alcohol/Substance Over Use | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Duration: |

Please circle/fill in all that apply.

| **Marriage Status:** | | **Previous Marriages:** | | |
|---|---|---|---|---|
| Single | Yes/No | Yes/No | | |
| Engaged | Yes/No | Number of previous? | | |
| Married | Yes/No | **Employment:** | | |
| Never married | Yes/No | Employed | Yes/No | |
| # of prior marriages | Yes/No | Unemployed | Yes/No | |
| Widowed | Yes/No | Seeking | Yes/No | |
| **Number of Children:** | | Retired | Yes/No | |
| Daughters | | **Substance History:** | | |
| Sons | | Caffeine | Yes/No | Daily/Weekly/Monthly |
| Stepdaughters | | Alcohol | Yes/No | Daily/Weekly/Monthly |
| Stepsons | | Tobacco | Yes/No | Daily/Weekly/Monthly |
| Miscarriages | Yes/No | Vape | Yes/No | Daily/Weekly/Monthly |
| Abortions | Yes/No | Marijuana | Yes/No | Daily/Weekly/Monthly |
| | | Prescription Med | Yes/No | Daily/Weekly/Monthly |
| **Family of Origin:** | | Other | Yes/No | Daily/Weekly/Monthly |
| # of Sisters | | **Treatment History:** | | |
| # of Brothers | | None | Yes/No | |
| # of Stepsisters | | 12-Step | Yes/No | |
| # of Stepbrothers | | Al Anon | Yes/No | |
| # of Half Sisters | | NA | Yes/No | |
| # of Half Brothers | | Inpatient | Yes/No | |
| **Military Service:** | | Outpatient | Yes/No | |
| Never | Yes/No | Other | Yes/No | |
| Currently | Yes/No | | | |
| Retired | Yes/No | | | |
| Honorably Discharged | Yes/No | | | |
| Dishonorable Discharged | Yes/No | | | |

**Spiritual Information:**

How would you describe your faith/religious upbringing?

_____

_____

Do you presently identify with a certain affiliation/denomination? Yes No I don't know

If so, which one: _____

Do you currently attend a church? Yes o No o Sometimes o If so, where:_____

**Medical/Psychiatric History:**

Name of Doctor or Psychiatrist: _____

Phone: _____

Are you presently being treated for any health problems? Yes No If yes, please share the health problem(s)

_____

Date of last complete physical exam: _____

Please list all current medications, including dosage, frequency, and reason: _____

_____

Previous psychiatric, emotional, or substance use hospitalization and/or inpatient treatment? This includes any suicide attempts. Yes No o

If yes, please indicate the most recent date, reason, location, and number of occasions. _____

**Current Household Members:**

Please list household members other than yourself and spouse and state what your relation is to the other members. (i.e., biological child, adopted child, foster child, stepchild, spouse's child, brother, sister, parent, friend, etc.)

Name _____Relationship _____ Age _____

Name _____Relationship _____ Age _____

Name _____Relationship _____ Age _____

Name _____Relationship _____ Age _____

Name _____Relationship _____ Age _____