



CONFIDENTIAL IN-TAKE FORM

Please fill out this information form as carefully and as thoroughly as possible. This information will be confidentially used by your counselor.

GENERAL INFORMATION:

NAME _____ AGE: _____ DOB: _____

Name of Parent(s)/Guardian(s) if under 18: _____

EDUCATIONAL INFORMATION:

Highest level of schooling completed: High School College Graduate Professional training

Currently a student, grade: _____ Other _____

Names of College/University(ies)/Technical or Business School(s) attended:

Diploma(s)/Degree(s)/Certificate(s) achieved: _____

Further Study Plans: _____

OCCUPATIONAL INFORMATION:

Employment status: Full-time Part-time Unemployed Retired

Receive Disability Other: _____

Place of employment: _____ Length of Employment: _____

Position/title: _____ Salary: _____

List of jobs or previous careers: _____

FAMILY INFORMATION:

Relationship Status: Single Engaged Married Separated Divorced Widow(er)

Committed Partnership Date of Same: _____

Name of Spouse/Partner: _____

Previous Marriage(s): State length of the previous marriage(s) and if they ended by divorce or death and when: _____

Parents: Mother: living (age _____) Deceased (date _____)

Father: living (age _____) Deceased (date _____)

Siblings: Number of Brothers _____ Number of Sisters _____ Only Child

List ages of Brothers _____ of Sisters _____

Children: Please list Name(s), Age(s), Sex, By Present Marriage (P), Former Marriage (F), Adopted (A) and whether or not they live at home.

1. _____

2. _____

3. _____

4. _____

Others who live with you: _____

Any children deceased? _____ If so, how and when? _____

Was your parents' marriage: (circle one) happy average unhappy

Was your home impacted by: Separation Divorce Death

Other: _____ If yes, how old were you? _____

With whom did you subsequently live? _____

RELIGIOUS INFORMATION:

Do you consider yourself a religious/spiritual person? (circle one) Yes or No

Religious preference: _____

Religious background of family: _____

Your home church name: _____

Name of religious leader/pastor: _____

Has there been a noticeable or significant change in your spiritual life recently?

Describe:

HEALTH:Name, Address & Phone Number of current Primary Care Physician (PCP): _____
_____Would you like coordinated treatment planning with your healthcare provider? Yes No

List any health issues/ illness(s) _____

Disabilities/allergies: _____

Surgeries/ Accidents (include dates): _____

Were you ever hospitalized (include #times)? _____ At what age(s)? _____

How long? _____ Reason: _____

Current Medications: (Please list medication name, dosage, Dr prescribed by on separate sheet of paper)

What is your alcohol use on average? None less than 1-2x week 3-5x week 6-7x weekWhat is your cannabis/drug use on average? None less than 1-2x week 3-5x week 6-7x week

Have you ever received psychotherapy, counseling or other treatment for personal and/or

marital problems? _____ When? _____ Concerns explored were: _____
_____Name, Address & Phone Number of Mental Health Professional consulted: _____
_____**IMPORTANT QUESTIONS FOR YOU AND YOUR COUNSELOR:**Please described your reasons for seeking help & how do you think therapy could be helpful?

How long have you been aware of this problem? _____

Who else knows about your problem(s)? _____

If you are seeking family/couples therapy, do you think your family member/partner would answer these questions differently? _____ If so, how? _____
