

New Client Intake Form

Contact Information

Name _____

Today's Date _____

Date of Birth _____

Cell # _____

Address _____

Work # _____

Okay to leave message? _____

Gender ____ Sexuality _____

Preferred Pronoun _____

Education and Employer Information

Company Name _____

Address _____

Title _____

Current Income: _____

Describe Current Position: _____

Highest Grade Completed: _____

Family Information

Closest relative, spouse, partner or friend

Name _____

Phone Number _____

In case of emergency call _____

Name and Number if Different From Above

Currently live with _____

Partner, Spouse, Friend and Name

Children live with you? _____

Names and Ages

Race (check all that apply or add to the list)

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian/Native | <input type="checkbox"/> You Tell Me _____ |

Please write in the ethnicity, culture, nationality and religions you identify or were born into below:

Medical and Health Information

Primary Care Physician _____

Name and Number

Other medical professionals used (include contact information):

Any health concerns?

Any mental health concerns?

Please explain any major stressors, life changes or other relevant information about your physical health or mental health:

Military status, branch, highest rank, how long:

Questions below are best answered prior to the first appointment. If there are questions that do not apply or are not applicable just skip them. If you would rather discuss an answer please note that this form will be reviewed at the initial appointment.

Why are you seeking counseling or supervision services at this time in your life?

Have you had counseling before? When and for how long?

Have you ever been diagnosed with an illness that you think I should know about?

What is your biggest concern in a day or a week?

Do you use alcohol or drugs? Do you use pain medications? How often?

Have you ever been hospitalized for a psychiatric illness? If so, please explain.

Have you or someone you are close to ever attempted or committed suicide? If so, please explain.

Have you ever been abused sexually or physically or had a family member (sibling or close friend) abused in this way? If so, please explain.

How well are you doing in your job?

How is (are) your relationship(s)? Your friendships?

What kinds of foods do you eat? Do you feel that you eat "healthy"? Please explain.

How much exercise do you get in one week? What is your method of exercise?

Tell me a bit about your sleep schedule and how easy or difficult it is to sleep?

Check the box on the scale below, one being least happy and six being most happy.

1 2 3 4 5 6

What is the most relaxing thing you do in a day or a week?

What is your biggest strength or talent?

What motivates in your work or in your family?

Please circle the behaviors, characteristics, symptoms, problems or feelings you have that cause you stress, pain or limit you in your home, work or spiritual life:

Sadness Depression	Trembling Mood Shifts	Internet Panic	Exercise Racism
Anxiety Fear	Fatigue Pain	Self-esteem Family	Power Homophobia
Aggression Anger	Gambling Sex	Relationships Work	Divorce Death
Antisocial Avoiding People	Loss Suicide	Boss Staff	Moving Job change
Disorganized Impulsive	Loneliness Recurring Thoughts	School Being the Best	Health change Aging
Irritable Moody	Recurring Habits Sick Often	Being the worst Goal setting	Flashbacks PTSD
Communication Strange thoughts	Hearing voices Speech problems	Cutting self Violence to others	Housing Risk Taking
Alcohol Drug Use	Hopelessness Food/Eating	Money Spiritual beliefs	Assault Memory

What helps you most when feeling down or in need or self care?

Use the rest of this page to describe or jot down anything else you would like to share.

The following questions are for those who want to work on career goals, professional development or supervision.

1. Describe your position and your organization. Use only the space provided.

2. What is your main goal for your work in therapy/supervision? Why that goal?

3. In considering your position; are you more of an administrator, community organizer, direct service provider...? Explain

4. What type of supervision has worked best for you?

5. Please rate your level of competency in the job you have; #1 is least competent and #5 is so competent that you are bored at times.

1

2

3

4

5

Add comments here: