**Confidential Client Intake Form**

Today’s date:

**Client Contact Information:**

Name:       Date of Birth:

Address:

Preferred contact number:       May I leave a detailed message? YES [ ]  NO [ ]

Emergency Contact:       Phone number:       Relationship:

Who would you consider your supports in your life?

Employer/School:       Occupation/Studying:

Were you referred? YES [ ]  NO [ ]  If yes, by who?

Anything specific brought you in today?

Have you ever seen a therapist before? When/where?

Is therapy required for you? YES [ ]  NO [ ]  If so, who mandated it? School [ ]  Court [ ]  Parent [ ]  Other [ ]

Best days/times for appointments:

**Family History and Information:**

Relationship status: Single [ ]  Engaged [ ]  Living together [ ]  Married [ ]  Divorced [ ]  Separated [ ] Widowed [ ]

Please list your family members, their relationship to you, and their approximate age (spouse/partner, siblings, parents, children):

Who currently lives in your home with you?

Where did you grow up?

Were your parents in the military? YES [ ]  NO [ ]

Were your parents in ministry (pastor/missionary)? YES [ ]  NO [ ]

Who was in the home with you growing up?

Did you or your parents move here from another country? YES [ ]  NO [ ]  If so, where/when?

Is there any history of mental illness in your family? YES [ ]  NO [ ]

Is there any history of substance (alcohol/drug) abuse in your family? YES [ ]  NO [ ]

If yes to either, please explain:

Check if any of the following are true:

[ ]  You moved a lot as a child.

[ ]  You lost a family member as a child.

[ ]  You experienced homelessness or a loss of housing growing up.

[ ]  You are a survivor of physical, mental, emotional, sexual, verbal abuse or neglect.

[ ]  Your perpetrator still around in your life.

[ ]  CPS was or is involved.

[ ]  There is a known family history of abuse or neglect.

**Spirituality/Faith/Religion:**

Religious or spiritual affiliations I should know about?

How were religion, spirituality and faith treated in your family?

Will you want to incorporate or address your religion, spirituality and faith into therapy?

**Health History:**

Primary Care Physician (Doctor’s name/information):

Were there any known complications or concerns when your mother was pregnant with you/gave birth to you? YES [ ]  NO [ ]  UNKNOWN [ ]

If yes, please elaborate?

Are you on any prescription medication? For how long? What is it prescribed for?

Have you previously been on any medication that was prescribed for mental health needs?

Have you ever sought treatment for substance abuse? YES [ ]  NO [ ]  If so, when/where?

Do you drink alcohol? YES [ ]  NO [ ]  What is your typical alcohol intake for a week?

Do you use any recreational drugs? YES [ ]  NO [ ]  What type? How often?

Do you feel like you have a problem with alcohol and/or drugs? YES [ ]  NO [ ]

Currently experiencing any of the following:

[ ]  unable to concentrate

[ ]  unable to sleep

[ ]  often tired even though you slept well

 [ ]  sleep too much

[ ]  have trouble getting to places on times

[ ]  often feel angry

[ ]  often feel sad

[ ]  often cry or feel as though you are near tears

[ ]  recent weight gain

[ ]  loss of appetite

[ ]  recent weight loss

[ ]  loss of interest in sex

[ ]  recent changes in sexual functioning

[ ]  worry/anxiety

[ ]  pain or tightness in your chest

[ ]  seeing or hearing things that others do not

List any surgeries, accidents or serious illnesses you have had:

Have you ever spent time in an inpatient treatment program? YES [ ]  NO [ ]  If so, when/where?

Have you ever attempted or considered suicide? YES [ ]  NO [ ]

Have you ever practiced cutting or other self-harm behavior? YES [ ]  NO [ ]

**Academic History:**

Are you currently in school? YES [ ]  NO [ ]  What school?

Are you struggling academically?

Are you struggling with social issues at school?

Did you get in trouble at school a lot growing up?

Have you been suspended, expelled or put on academic probation?

What is going well at school? What do you like about school?