**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?