

Intake Questionnaire

Name: _____ Date of birth: _____

Current address: _____
Street apt # City Zip Code Phone number(s)

I am seeking counseling services because: _____

I have seen other counselors . _____ yes _____ no

If yes, who did you see.

Who	When
1) _____	_____
2) _____	_____

Trauma (head injury, childhood abuse, domestic violence) in your past? _____yes _____no

Mental illness in your family? _____yes _____no

Who and what illness: _____

Do you have any medical conditions? (If yes, please list below) _____yes _____no

Are you aware of any delays in your childhood development? _____yes _____no
(Walking, talking, potty training, socializing, delivery complications)

List current medications: _____ My doctor is: _____

Are you in Recovery from Drugs or Alcohol? _____yes _____no

Do you drink alcohol? _____no 1x month _____ 1x week _____ 2-4x week _____

Do you have a medical marijuana card? _____yes _____no

History of alcohol/drug problems in your family? _____yes (if so, who? _____) _____no

I was raised in (what city, state): _____

Did you graduate or get your GED(please circle)? _____yes _____no Special Education? _____yes _____no

If yes, school, highest level of education and graduation date: _____ Year: _____

My parents are: _____
Father Mother

(Please circle) Still together Divorced One or both deceased Other: _____

I have (how many) _____ siblings and _____ step siblings

I am (please circle) Married Cohabiting Single Widowed Divorced In a relationship Dating

That person's name is : _____ We have been together: _____ years _____ months

I have _____ children and their names and ages are:

Are you involved in any volunteer or social groups? If yes please list below. _____yes _____no

I have (how many) _____ close friends that I can call on, and they will be there for me.

I am on permanent disability. _____yes _____no

I have filed for State and or Social Security. _____yes _____no

Please list your current employer, or the last two employers you worked for.

Employer When

Employer When

I am a veteran of the Armed Services. _____yes _____no

Please list any legal or CPS history (police, restraining orders, domestic violence, PPO's, jail, custody)

For relaxation or for fun I enjoy:

Signature DOB Date