

INITIAL CLIENT INTAKE

IDENTIFYING INFORMATION:

Client Name: _____ Today's Date: _____

Date of Birth: _____ Current Age: _____

Reason for seeking counseling at this time:

What are your spiritual beliefs, if any?

Please describe your current physical condition, amount of exercise/physical activity, illnesses, diseases, surgeries, and other relevant developmental information:

CURRENT SYMPTOMS (Check all that apply & how often you experience them):

Compulsions _____

Uncontrolled anger _____

Loss of interest _____

Easily annoyed/irritated _____

Sleep disturbances _____

Nightmares _____

Weight change _____

Change in eating behaviors _____

Withdrawn _____

Guilt, remorse, shame _____

Anxiety _____

Fearful _____

Panic attacks _____

Hopeless/helpless _____

Suicidal thoughts _____

Restless _____

Aggression _____

Sexually acting out _____

Regressive/child-like behaviors _____

Clingy _____

Difficulty making decisions _____

Physical complaints _____

Difficulty concentrating _____

Unprovoked crying _____

Apathetic _____

Extreme mood swings lasting for days _____

Addictions _____

Current medications _____

List any previous counseling and/or psychiatric hospitalizations by name, date and duration:

Give a brief description to any that apply to you:

Level of Education: _____

Relationships: _____

Support systems: _____

Marital history: _____

Family mental health history: _____

Physical abuse: _____

Sexual abuse: _____

Emotional abuse: _____

Neglect: _____

Current legal issues: _____

Loss or death of loved one: _____

What is contributing to your current stress?

What occupies your time? Include hobbies, interests, classes, etc.

List your strengths; things you're good at, what you like about yourself, etc.

What do you hope to achieve through counseling services?

Anything else I should know about you?
