



CENTER FOR
Modern
Family
Dynamics
classes counseling
creativity community
Client Intake Form

Demographics

Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____ Preferred method of contact: **Phone/Email/Text**

Age: _____ DOB: _____ Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: (circle one) **Single** **Married** (years married ____) **Divorced** **Widowed**

Children: Name Age

| <u>Name</u> | <u>Age</u> |
|-------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Referred by: _____

Previous Counseling

Previous Counseling? Yes No Who and When? _____

Release of information signed to talk with previous counselors? Yes No

Medical/Mental Health Information

What, if any, medical health problems do you have? _____

Physician _____ Current Medications _____

Are you on disability? ____ Please describe _____

Are you currently taking medication for a mental or emotional condition? _____

Please list conditions and medications: _____

Have you ever been hospitalized for a mental or emotional condition? _____

If so, please list where and when: _____

Do you currently use any alcohol or drugs? _____ If yes, what is your substance of choice? _____

Are you in treatment? (such as outpatient) or utilizing support groups (such as AA)? _____

If yes, please describe. _____

What types of self-care practices have been helpful to you in the past when dealing with difficult situations? These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups -

What are some of your hobbies/interests? _____

Reasons for seeking counseling

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____ How long are you able to commit to therapy?

What personal qualities do you think the ideal therapist should possess? _____

Emergency contact information:

Name _____

Relationship: _____ Phone: _____

Client Signature: _____ Date: _____