

General INTAKE

All of this information is considered confidential

Name _____ Age _____ Birthdate _____

Address _____ Town _____ State _____
Zip Code _____

Home _____
Phone _____ Work _____ Cell _____

Briefly describe what you want from or hope to accomplish with these services

Do you have specific concerns you want to address?

How or what have you done to deal with these concerns or this situation? . . . Or, what has helped?

How did you hear about these services?

Please describe any previous counseling or therapy services; date & location

What was helpful & what was not so helpful?

Are you taking any medications? If so, please list what they are & what you are taking them for & the name/contact information for the prescriber.

When was your last visit to the doctor and what was the purpose of the appointment?

Who is your doctor?

Address & Phone#

Is substance use (yours or someone else) a concern or causing problems for you? Please explain

If you consume alcohol or other drugs, please list them, how much you are currently using, any periods of controlled use or abstinence.

Current and most recent 3 years employment history

Military experience? What & when

What are your strengths?

Please describe your current living arrangements; single, married, divorced, living with family or partner, homeless, etc.

Please describe any physical symptoms you are having (or in past 12 months)

Quality of sleep & # of hours of sleep

Appetite/weight gain or loss

Headaches

Fatigue

Other

Any Family medical history you think is important to share?

Do you have health care insurance? If so, please provide the following

Name of Insurance

Company _____ ID# _____

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Name of your coverage

plan _____

Address _____ Provider Relations

Phone# _____

Group # _____ Name of

Member _____

Employer _____

Do you have any questions?