Intake Questionairre

Today’s Date:

Name:

DOB:

Address:

Education:

Please list highest degree earned and completion date:

TELL ME MORE ABOUT YOU

1. What prompted you to seek out counseling/coaching at this time?
2. What is your history of mental health treatment?
3. What symptoms are you noticing, and how long have they been present?
4. What are you goals for yourself?
5. Medications: please list
6. Diagnoses: Please list along with date of diagnosis
7. Have you experienced any traumatic events or losses?

SYMPTOMS/CHALLENGES AND HISTORY

Legal issues

Current/Past

Y/N

Alcohol use

Current/Past

Y/N

If yes, how many drinks per week?

Drug use

Current/Past

Y/N

If yes, how many drinks per week?

Abuse

Current/Past

Y/N

Suicide attempts

Y/N

If so, dates of attempts

Suicidal thoughts

Current/Past

Y/N

Self injury

Current/Past

Y/N

Eating difficulties

Current/Past

Y/N

FAMILY HISTORY

Please list family members in family of origin:

Please list family members in your family currently:

1. Do you have any current concerns about your safety or the safety of your loved ones?
2. Are there aspects of your identity (sexual, spiritual, ethnic, cultural, gender, etc) that are important to you?
3. What helps you cope in difficult times?

1. What haven’t I asked you about that you think I should have?