

CLIENT INTAKE INFORMATION FORM

Today's Date: _____

GENERAL INFORMATION- Please print

Name: Last _____ First: _____ MI: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Responsible Party (if different than above)

Name: Last _____

First: _____ MI: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred Leave msg?

Home Phone _____ O Y N Email: _____

Work Phone _____ O Y N

Cell Phone _____ O Y N

DOB: ___/___/___ Age: _____ Male Female

Place of Employment: _____

Job Title: _____

Emergency Contact: _____ Phone #: _____

Relationship _____

Marital Status: Single Engaged Married/Partnered Separated Divorced Widowed

Spouse/Partner's Name: _____

of years together: _____

Religious/Denominational Preference: _____

Referred by: _____

May we thank the person? ___ Yes ___ NO

CONCERNS

Why are you seeking help now?

What would you like to see happen as a result of coaching or psychotherapy?

MEDICAL & PSYCHOLOGICAL HISTORY

Physician's Name: _____ Physician's Phone: _____

Date of last physical: _____

List physical illnesses or symptoms

Current Medication	Dosage	Frequency	Prescribing MD
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Psychiatrist's Name: _____ Psychiatrist's Phone: _____

Have you ever had counseling or psychotherapy in the past? Yes No

If yes, when? _____ Where? _____

Have you ever been hospitalized for a psychiatric illness? Yes No

If yes, when? _____ Where? _____

Check which of the following you use, and note the amount and frequency of each:

Caffeine: _____ Tobacco: _____ Coffee _____

Sodas: _____ Porn _____ Pills _____

Alcohol: _____ Marijuana: _____ Cocaine, Crack: _____

LSD: _____ Inhalants: _____ Other: _____

Have you been concerned or ever felt guilty about your use of drugs/alcohol? Yes No

Has anyone ever expressed concern about your use of drugs/alcohol? Yes No

If yes, who? _____

Have you ever had a DUI? Yes No If yes, how many _____

When? _____

Have you ever felt annoyed by criticism of your use of drugs/alcohol? Yes No

Have you ever needed drugs/alcohol to get going in the morning, to function at work or social events, or to cope withdrawal symptoms? Yes No