

Adult Personal Counseling Intake Information

Information provided on this form will be kept in the strictest of confidence.

Personal

Print Name _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell _____

Email _____ . Emergency Contact _____, # _____

Did you graduate college? ____ Highest degree completed _____ Major _____

Current Employment

Company Name _____

Position/Title _____

How long employed with this company _____ What is your work schedule _____

Health Information

Describe your health: Excellent ____ Good _____ Fair _____ Poor _____

List any chronic conditions _____

Date of last medical exam _____ Report _____

Current Prescription taking _____

Have you been diagnosed with any mental health condition? Yes ____ No ____; if yes list all _____

Have you ever used illegal drugs? Yes ____ No ____

Are you currently using illegal drugs? Yes ____ No ____ : If yes what _____

Do you drink alcohol? ____ How often _____ Have you tried to quit? _____

Have you ever had a nervous breakdown or severe emotional upset? _____ If yes, explain

Have you ever been abused (physically, sexually, etc.)? Yes _____, No _____; if yes explain _____

Have you ever seen a psychologist or counselor? _____ If yes, when/and why _____

If you have seen a counselor in the past regarding your current situation? If yes, then briefly explain the outcome

Family Information

Your Marital Status: In first marriage_ In second marriage _____ In third marriage _____
(check one) In fourth marriage _____ Engaged _____ Dating _____ Single _____
Divorced _____ Separated _____ Widowed _____ Living together (unmarried) _____

Partner's Name _____ Age _____

Partner's Occupation _____ Position/Title _____

Highest Degree _____ Degree in _____

Date of Marriage _____ How long dated before marrying _____

Describe dating relationship _____

Have either of you been married before? _____ Who _____

Date Married _____ Date Divorced _____

Information about children

Child's Name.....	Age	Gender	Living with you	Stepchild	Adopted

Describe your relationship with your father _____

Describe your relationship with your mother _____

Describe your relationship with your children _____

Describe your father and mother's relationship _____

What type of home were you raised in, check all that apply?

- Traditional (Father, Mother, Children)
- Divorced; whom did you live with _____
- Step-Family; which parent remarried _____, who did you live with _____
- Other (describe here _____)
- Loving family, demonstrated with affection, words, hugs and kisses
- Loving family, but not demonstrated with affection, words, hugs and kisses
- Abusive (Physically ____, Verbally ____, Emotional ____, Sexually ____, Neglectful ____)

Spiritual

Explain your beliefs or position on spiritual matters:

Complete the open-ended questions below:

I am most happy when _____

I am afraid that _____

The thing about my partner that bothers me most is _____

The thing about me that upsets my partner the most is _____

Current Challenges:

In your own words, describe your current condition. In other words why are you coming in for counseling?

List below anything else to help me understand you

Print Name _____

Self Assessment

Circle all that currently describes you:

Introvert	extrovert	quiet	calm	sensitive
compassionate	submissive	domineering	argumentative	controlling
moody	mean	hardworker	patient	easily agitated
impatient	fearful	impulsive	nervous	unforegiveness
follower	leader	anxious	revengeful	easily hurt
easily give up	talkative	ambitious	past hurts	aggressive
angry	insecure	low self esteem	analytical	wounded from childhood
bossy	physically violent	selfish	open	tolerant
high self esteem	over achiever	intellectual	kind	spiritual
feel inferior	I want out	high sex drive	low sex drive	I'm ugly
always prepared	full of ideas	like order	little to say	soft heart
hard heart	I insult people	detailed	imaginative	quick to understand
start conversation	interested in people	change mood	I'm evil	comfortable with people

Others _____