

# CONFIDENTIAL INTAKE FORM

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship Status: \_\_\_\_\_

Telephone: \_\_\_\_\_ Is it ok to leave a message? Y / N

Work/Alternate Tel.: \_\_\_\_\_ Is it ok to leave a message? Y / N

Current Employer/School: \_\_\_\_\_

Position Title: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Subscriber SSN: \_\_\_\_\_

Emergency Contact (EC): \_\_\_\_\_ EC Telephone: \_\_\_\_\_

Relationship to EC: \_\_\_\_\_

**The questions below are to provide me with a brief introduction to you.**

*Please provide brief answers. You can elaborate further during our session.*

What concerns or issues bring you to counseling?

What specific events have triggered or influenced your need for counseling?

What do you hope to accomplish in counseling?

What obstacles do you believe may hinder your progress?

What might promote your success in counseling?

What strengths do you bring to counseling?

**Below is a list of feelings. Please circle any that describe you:**

Angry	Guilty	Unhappy	Annoyed	Happy	Bored	Sad
Conflicted	Restless	Depressed	Regretful	Lonely	Anxious	Hopeless
Contented	Fearful	Hopeful	Excited	Panicky	Helpless	Optimistic
Energetic	Relaxed	Tense	Envious	Jealous	Others:	

**Below is a list of physical symptoms. Please circle any that apply to you:**

Headaches	Stomach trouble	Skin problems	Dizziness	Tics
Dry mouth	Palpitations	Fatigue	Burning or itchy skin	Muscle spasms
Twitches	Chest pains	Tension	Back pain	Rapid heart beat
Sexual disturbances	Tremors	Unable to relax	Fainting spells	Blackouts
Bowel disturbances	Hear things	Excessive sweating	Tingling	Watery eyes
Visual disturbances	Numbness	Flushes	Hearing problems	Don't like being touched

Do you have any current concerns about your physical health? Please specify:

When was your last physical exam?

Please list any medications you are currently taking.