



Counseling Intake Form

Name _____ Age _____ Date _____

Full Address _____

Cell Phone _____ Home Phone _____

E-mail _____

Physical History

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? _____ Describe _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke? _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

What do you hope to achieve with therapy? _____

INTAKE 2

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Interests _____

Family Systems Information

Where born _____ How long there _____ Ethnic ID _____

Parents: Father alive? _____ Where residing? _____ Relationship _____

Mother alive? _____ Where residing? _____ Relationship _____

Marital Status _____ Spouse's name _____ Previous Marriages? _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents married? _____ If no, what year separated? _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Tell anything else in the space below that you think would be helpful to know about you and your family.

INTAKE 3

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life? _____

Emotional Status

Are you currently experiencing strong emotions? ____ If yes, describe _____

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide ____ If so, when _____ Do you have any thoughts now _____

Present Situation

Please state why you decided to come for counseling/therapy _____

How long has this been a problem for you? _____

What would you like to experience that is different from what you are experiencing now _____

Please state what you would like to work on in therapy _____

Personal Agreements

I understand that my progress in counseling is based on the level of my commitment to the process of counseling. Break-through and healing sometimes comes quickly and sometimes requires a longer investment of time.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse and harm to myself or others.

I understand that I will pay in full for appointments not canceled with 24 hours notice. The rate is \$140/hr.

(client signature and date)

As your therapist/counselor, it is a sacred honor to help you achieve your goals of feeling better in relationship to yourself and others. It is my highest priority to provide an environment where you feel safe to be open and honest while being with a professional counselor who genuinely wants to help you feel better in a non-judging and accepting atmosphere.

There is a different life you were always created to live. I honor you in this step of working towards a life of greater meaning, joy, and peace. I will bring the fullness of my genuine care, compassion, and professional training to the time we spend together to help you get there.

Jack Underwood, MS, NCC, LPC

Jack Underwood
Owner and Mental Health Therapist
Rise and Renew Counseling