

PSYCHO-SOCIAL CLIENT INTAKE FORM

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

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

Parent/Legal Guardian (if under 18)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Single: \_\_\_\_\_ Marriage: \_\_\_\_\_ Divorced: \_\_\_\_\_

Separated: \_\_\_\_\_ Domestic Partner: \_\_\_\_\_ Widowed: \_\_\_\_\_

*Presenting Problem (History or problem, why are you seeking help now, if we are successful in counseling how will this problem look like in 6 months or a year):*

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Family History (Describe your family life, tell me about your father - his personality, did you have a close or distant relationship, tell me about your mother. Describe your parents' marriage, divorce? Step-parent relationship? Describe your siblings and your relationship with them. Inquire about family stressors, history of mental health, addiction, abuse, Trauma/trauma)

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Social Support Network (ask about current marital status, previous marriage(s) or divorce(s), family situation, children, living situation, assess the strength of their friend/social support network)

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Physical Health

*How would you rate your current General Health?*

*Poor* \_\_\_\_\_ *Satisfactory* \_\_\_\_\_ *Fair* \_\_\_\_\_ *Good* \_\_\_\_\_ *Very Good* \_\_\_\_\_

*Please list any Health concerns you are currently experiencing ?* \_\_\_\_\_

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*Are you currently under a physician's care ?* \_\_\_\_\_

*Physician:* \_\_\_\_\_

*Have you had any recent changes to your health in the last year (eating, sleeping, energy):*

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*Are you taking any prescription medication ?*

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*Reason for Medication:* \_\_\_\_\_

*Any recurrent or chronic conditions ?* \_\_\_\_\_

*How often do you exercise ?* \_\_\_\_\_

*What kind of exercise do you participate in ?* \_\_\_\_\_

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*Mental Health & Counseling History*

*Please identify in the section below if there is any family history of the following and if yes, please provide their relationship to you. (e.g., Grandparent, father, uncle, sibling etc.)*

<i>Alcohol/ Substance Abuse</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Anxiety</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Depression</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Obesity</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Obsessive Compulsive Disorder</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Schizophrenia</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Suicide Attempts</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Domestic Violence</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Eating Disorders</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>
<i>Other:</i>	<i>Yes__ No__</i>	<i>Family Member_____</i>

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*Have you had any previous counseling or been hospitalized for mental health? (How was your experience? Anything particular that you liked or disliked about prior counseling, what specifically do you need from your counseling experience—hand-outs, assignments, safe place to talk, other?)*

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Have you ever felt suicidal/homicidal? How frequently? Have you ever attempted or had a plan?

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Safety Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Education, Work History, Self-Care

Level Education \_\_\_\_\_ (High School, College, Trade, Certifications)

Occupation \_\_\_\_\_ How long \_\_\_\_\_

Other: \_\_\_\_\_

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Is your current job fulfilling? Is there anything stressful about your current work?

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What is your relationship like with your boss, co-workers, those you supervise?

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Have you had any bad experiences with work (lay-off, inappropriate relationship, harassment)

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*If presently unemployed describe the situation*

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*How is your Self-care? (Do you have a hobby, make time to relax, vacation, or personal development? Are you taking care of yourself physically, financially, emotionally, spiritually? Do you have the ability to simplify your life and make a commitment for therapy?)*

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Other important info:

Spirituality:

Did you practice religion as a child? (Are your parents still active in the family faith? What was your experience with religion as a child?)

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Do you currently practice a religion ? \_\_\_\_\_

What denomination do you belong to ? \_\_\_\_\_

Is this important to you? Why or why not ? \_\_\_\_\_

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Some people get spiritual strength in non-religious ways. (Ask about sense of purpose in life, sense of connection, listening to their inner-voice/conscience?)

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Goals & Summary (Identify 2-3 specific client goals. If stuck, ask: If you could look forward to your life 6 months from now, what would be different? Propose a treatment plan & encourage client to set a regular time for therapy. Book 3 appt.)

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Clinician \_\_\_\_\_ Date \_\_\_\_\_

