

**ONE STEP AT A TIME  
CLIENT INTAKE  
257 Johnstown Center Drive, Suite 208  
Johnstown, CO 80534  
970.587.4963**

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

Local Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

**(1) RELATIONSHIP STATUS:**

- Single
- Married/Living with Partner
- Separated     Divorced
- Single Parent     Widowed

**(2) RACE / ETHNIC ORIGIN:**

- White/Euro-American
- Asian/Asian American
- Black/African American
- Biracial/Multicultural
- Hispanic/Mexican American/Latino(a)
- Native American/Indian
- International
- Other: Specify \_\_\_\_\_

**(3) BIRTHDATE:** \_\_\_\_\_

**(4) REFERRING PERSON/AGENCY:**

- Self     Faculty/Teacher     Friend
- Advisor     Doctor     Internet
- Other: Specify \_\_\_\_\_

**(5) SEX:**     MALE     FEMALE

**(6) PREVIOUS COUNSELING?  
IF YES, DESCRIBE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(7) ARE YOU PRESENTLY TAKING ANY  
MEDICATION?  
IF YES, WHAT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(8) ARE YOU PRESENTLY SEEING ANOTHER COUNSELOR?**     YES     NO

**(9) HAVE YOU HAD ANY SERIOUS ILLNESS OR INJURIES?**     YES     NO  
**IF YES, WHAT?**

\_\_\_\_\_  
\_\_\_\_\_

**(10) DO YOU HAVE ANY CONDITIONS, PAST OR CURRENT ILLNESSES, OR DISABILITY I  
NEED TO BE AWARE OF?**

\_\_\_\_\_

(11) FAMILY INFORMATION: (please continue on the back if you need more space)

NAME

AGE

RELATIONSHIP

---

---

---

---

---

---

---

---

The following are common concerns of individuals coming to counseling. Please check all that apply to you. This will help me serve you better. Answer as honestly as possible. We may discuss your answers in detail later if you desire to.

Family Circumstances:

- My parents are divorced/separated  
 I cannot talk to my family about my personal concerns and problems  
 My relationship with my family is satisfactory  
 My family is not emotionally close.  
 My family has a history of  
     counseling    hospitalization    alcohol/drug use    depression  
     abuse    eating disorders    poor communication    suicide  
    other \_\_\_\_\_

- Currently I live:    alone    with roommate(s)    with spouse/partner    with child(ren)  
 I'm not happy with my living arrangements    I'm satisfied with these arrangements  
 I do not have close friends I can talk to about personal issues

I use alcohol/prescription/recreational drugs: \_\_\_\_\_ (specify) \_\_\_\_\_ times per week

The following have resulted from my use of alcohol or prescription/recreational drugs:

- traffic ticket/violation    fight with a friend  
 ruined a relationship    academic problems  
 blackouts    disciplinary action  
 other (please specify)    I have been in trouble with the legal system.

I smoke cigarettes \_\_\_\_\_ (specify) \_\_\_\_\_ daily usage

Relationships with Self and Others:

- My social/dating life is not satisfactory.  
 There are sexual concerns I'd like to discuss.  
 I have had an unwanted sexual experience.  
 I am dissatisfied with my personal appearance.  
 I have tried to control my weight with:  
     vomiting    laxatives    excessive exercise    not eating  
     diuretics    diet pills    other (explain) \_\_\_\_\_

\_\_\_ I have felt like or tried harming myself (circle: past or present).

\_\_\_ I have felt like or tried harming others (circle: past or present).

I have had problems recently with the following:

\_\_\_ sleeping    \_\_\_ appetite    \_\_\_ weight loss/gain    \_\_\_ mood shifts    \_\_\_ headaches  
\_\_\_ anxiety    \_\_\_ concentration    \_\_\_ depression    \_\_\_ anger

\_\_\_ I do not handle stress well

\_\_\_ I have difficulty expressing my emotions

\_\_\_ I often get extremely angry

\_\_\_ At times I have acted in a violent manner

\_\_\_ I am having academic or work problems

\_\_\_ I have suffered a recent loss: \_\_\_ death    \_\_\_ relationship ending    \_\_\_ other loss: \_\_\_\_\_

\_\_\_ Religious or Spiritual background \_\_\_\_\_

What would you like to accomplish in counseling? Please list your goals.

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_