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)_____
_____
_____
_____