



Session Intake Form

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

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

Phone Number(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ok to call? Yes No

\_\_\_\_\_ Ok to mail? Yes No

E-mail: \_\_\_\_\_

\*(If interested in updates regarding events, speaking engagements etc – all e-mails sent "BCC". The list is private and not sold.)

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

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

How did here about my services? \_\_\_\_\_

Prior Counseling? Yes No If yes – when and why? \_\_\_\_\_

Religious Affiliation (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Close family members:

Name Age Relationship Mental health or drug problems?

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

Who lives in your household with you? \_\_\_\_\_

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Medical Conditions: -----

Medications currently taking: -----

Current Physician: Name Address Phone#

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Are there any family members/friends or physicians you would like to give me permission for me talk to? -----

Please check all that apply to you at the present time:

Feelings...

- \_\_\_\_\_ Helpless    \_\_\_\_\_ Depressed    \_\_\_\_\_ Shameful    \_\_\_\_\_ Angry    \_\_\_\_\_ Guilty  
\_\_\_\_\_ Hopeless    \_\_\_\_\_ Lonely    \_\_\_\_\_ Sad    \_\_\_\_\_ Anxious    \_\_\_\_\_ Hopeful  
\_\_\_\_\_ Out of control    \_\_\_\_\_ Afraid    \_\_\_\_\_ Numb    \_\_\_\_\_ Relaxed    \_\_\_\_\_ Excited

Other: -----

Thoughts...

- \_\_\_\_\_ Confused    \_\_\_\_\_ Unintelligent    \_\_\_\_\_ Worthless    \_\_\_\_\_ Unmotivated  
\_\_\_\_\_ Unattractive    \_\_\_\_\_ Unlovable    \_\_\_\_\_ Confident    \_\_\_\_\_ Worthwhile  
\_\_\_\_\_ Racing    \_\_\_\_\_ Obsessive    \_\_\_\_\_ Distracted    \_\_\_\_\_ Disorganized  
\_\_\_\_\_ Paranoid    \_\_\_\_\_ Suicidal    \_\_\_\_\_ Sensitive    \_\_\_\_\_ Clear

Other: -----

Behaviors...

- \_\_\_\_\_ Eating Less    \_\_\_\_\_ Procrastinating    \_\_\_\_\_ Suicidal  
\_\_\_\_\_ Poor concentration    \_\_\_\_\_ Crying    \_\_\_\_\_ Withdrawing Socially  
\_\_\_\_\_ Binge Drinking    \_\_\_\_\_ Injuring Self    \_\_\_\_\_ Overeating    \_\_\_\_\_ Compulsivity  
\_\_\_\_\_ Acting out sexually    \_\_\_\_\_ Aggression    \_\_\_\_\_ Disorganized

\_\_\_\_ Impulsivity    \_\_\_\_ Passivity    \_\_\_\_ Lethargic    \_\_\_\_ Using drugs

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

Physical Symptoms...

\_\_\_\_ Insomnia    \_\_\_\_ Fatigue    \_\_\_\_ Weight loss/gain    \_\_\_\_ Pain

\_\_\_\_ Headaches    \_\_\_\_ Tightness in chest    \_\_\_\_ Dizziness

\_\_\_\_ Numbness or tingling    \_\_\_\_ Nausea or vomiting    \_\_\_\_ Rapid Heartbeat

\_\_\_\_ Dry Mouth

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

Reasons for seeking

help: \_\_\_\_\_

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

Thank you!