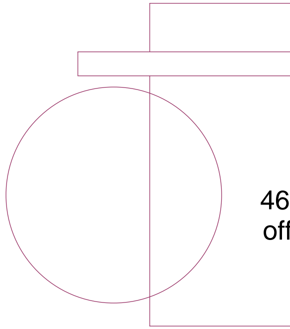

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Intake Summary Form

Referral from: ____
Date:____
Name:____
Address:____
City, State, Zip Code:____
May I contact you? Y N Using text messaging? Y N
Home Phone: ________________________Work:___________________________
Mobile:__________________ Email:__________________________________
Preferred means of Contact:____

Place of Birth_________________ How long in current address?_______________
Married_____Single______ Divorced__________ Widowed__________________
How long?_____________
Partner's name___________________________________
Your age______ Age of Partner/ Spouse_______ Age of Parents F____M_____
Your education____

Occupation____
Spouses Occupation____

Children:
Name_______________ age__________ school________________________
Name_______________ age__________ school________________________
Name_______________ age__________ school________________________

Siblings:
Name___________________________age_____
Name___________________________age_____
Name___________________________age_____
Name___________________________age_____

Seen a counselor before? When?______________________________________
Did it help? Why or why not?____

____
Why are you coming now?____
____
____

What would you like the goal of counseling to be?
____
____
____
____

What might get in the way or sabotage the process of getting to that goal?
____
____

Physical Function

Any Psychiatric hospitalizations?_____________________________________
Are you taking any medications?______________________________________
____
Do you drink alcohol or take street drugs? How Much? How often?
____
____
____
When was your last full medical exam?
____
How is your physical health?
____
Eating____
Sleep____
Dreams____
Energy Level____
Sexual activity____

Social Relations and Activities

Any difficulties in parental role?
____
____
____

Any difficulties with other people, such as feelings of isolation, discomfort with people, or difficulty working comfortably with others?

Are parents still living? How would you describe your relationship with them?

Describe your most important social relationships

What do you do for relaxation and pleasure?

Any significant losses, changes, or events ?

What problems or patterns do you see repeating in your life?

What is the greatest source of stress in your life at this moment?

Are there any other comments or details that you think would be important to share with me?