

RIVERSTONE COUNSELING CLIENT INTAKE FORM

Contact Information

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Can I leave messages at these numbers? _____

Emergency Contact Information:

Name _____ Phone _____ Relationship _____

Personal Information

Date of Birth (M/D/Y): ____/____/____ Gender: Male ___ Female ___

Marital Status: Single ___ Married ___ Partnered ___ Divorced ___ Widowed ___ Other ___

Occupation: _____ Part time ___ Full Time ___

Presenting concerns

What has brought you to counselling today?

On a scale from 1 to 10 how severe is the concern for you?

1 2 3 4 5 6 7 8 9 10

What is most stressful or painful for you about this concern?

When did this concern begin and what was going on at the time?

How are your concerns affecting you? What areas of your life are being impacted (Physical, behavioural, emotional, relational, social, spiritual, employment)?

What made you want to get help now?

How have you tried to resolve this concern in the past?

Counselling and Psychiatric History

Have you gone for counselling in the past? If yes, briefly describe what it was regarding and how it was helpful or not helpful.

Have you ever been diagnosed with a mental illness?

Have you ever been prescribed any medication for a mental health concern?

Have you ever experienced any trauma such as neglect, violence, physical abuse, or sexual abuse? Does this still affect you today? If yes, how?

Do you experience (Please check off):

Low mood ___ Loss of Interest in life/activities ___ Sudden Weight change ___

Sleep problems ___ Fatigue ___ Restlessness ___ Difficulty concentrating ___

Feelings of Worthlessness ___ Thoughts of death ___ Excessive worry ___

Irritability ___ Persistent Tension ___ Physical aches ___ Panic ___ Phobia ___

Have you ever attempted suicide? If yes, when and how?

Do you currently experience thoughts or feelings of suicide? If yes, do you have a plan?

Medical History

What is your present health?

Have you even been diagnosed with a health problem or developmental disability?

Are you currently taking any medications? Please list.

What is your average alcohol and drug intake?

When is the last time you have seen your doctor for a check-up?

Family and Social Information

Give a brief impression of your childhood environment (What kind of relationship existed between your parents, parents and children, and between siblings?)

Briefly describe your current or most recent romantic relationship.

Do you have any children? If yes, what are their ages?

Describe any religious or spiritual affiliations you have been or are a part of.

Would you like to incorporate your religious or spiritual beliefs into our counselling sessions? If yes, how can the counsellor best facilitate this?

If therapy was successful, what would be different about you and your life at the end of our time together?

Is there anything else you would like me to know?
