Counseling Intake Form

Note: This information is confidential

Name:_____ **Date**_____

Demographic Information:

Birth Date/Place: _____ Relationship Status_____
Mailing Address:_____
Home Phone: _____ CellPhone_____
Email Address: _____ May I email you? _____
Okay to communicate by text message? ___ Yes ___ No Referred by: _____
Preferred Appointment Reminder Method: ___ Text Message ___ Phone Call
Emergency Contact: _____Contact Phone: _____
Employer: _____
Highest Grade/Degree _____
Please list any children and ages: _____

Current Concerns:
Reason for seeking Counseling: _____
When did this begin? (give dates) _____
What do you hope to accomplish in counseling? _____

Behavior – check any of the following behaviors that apply to you:

Overeating	Sleeping problems	Suicidal thoughts	Procrastination
Temper outbursts	Can't keep a job	Drink too much	Compulsions
Aggressive behavior	Loss of control	Impulsive reactions	Smoking
Phobic avoidance	Lack of Motivation	Crying	Vomiting
Work too hard	Withdrawal	Take drugs	Nervous tics
Concentration difficulties	Take too many risks	Other_____	

Feelings – check any of the following feelings that apply to you:

Unhappy	Depressed	Happy	Annoyed	Bored
Angry	Conflicted	Sad	Guilty	Restless
Regretful	Lonely	Anxious	Hopeless	Contented
Fearful	Hopeful	Excited	Panicky	Helpless
Optimistic	Energetic	Relaxed	Tense	Envious
Jealous	Others:_____			

Rev. Cindy Stewart, LSC ~ Empowering Counseling One On One
1361 W Euless Blvd #107 Euless, Tx 76040 (817) 345-6354