

# Counseling Intake Form

Note: This information is confidential

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

## Social Information:

Do you have trusted friends with whom you can share your concerns? \_\_\_\_\_

How long have you been associated with those you consider to be your closest friends?

\_\_\_\_\_

What do you and your friends like to do together? \_\_\_\_\_

How would you describe your relationship with your family? \_\_\_\_\_

\_\_\_\_\_

What is your involvement in the community? (e.g. volunteering, church, schools, etc)

How would you describe your spiritual life? \_\_\_\_\_

\_\_\_\_\_

Are you involved in any current or pending civil or criminal litigation/s, lawsuit/s, or divorce/custody disputes? If yes, please explain: \_\_\_\_\_

What are your main worries and fears? \_\_\_\_\_

\_\_\_\_\_

What are your most important hopes and dreams for your future? \_\_\_\_\_

\_\_\_\_\_

What gives you the most happiness or pleasure in life? \_\_\_\_\_

\_\_\_\_\_

Anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_