

## INTAKE INFORMATION PROFILE

### GENERAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Education: High School (last grade completed) \_\_\_\_\_ College \_\_\_\_\_ (how many years)

Other Training? (list type and years) \_\_\_\_\_

### HEALTH INFORMATION

Please rate your physical health: Very good \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Declining \_\_\_\_\_

Recent weight changes: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List important present or past illnesses or injuries \_\_\_\_\_

Physician's name \_\_\_\_\_ Date of last exam? \_\_\_\_\_

Presently taking medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

For what reason are you taking the medication? \_\_\_\_\_

Have you been treated by a psychiatrist? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Name of psychiatrist, if applicable \_\_\_\_\_

### SPIRITUAL INFORMATION

Currently attend/member of a church? \_\_\_\_\_ Which one? \_\_\_\_\_

How long? \_\_\_\_\_ Times per month attending \_\_\_\_\_

Religious background of spouse? \_\_\_\_\_ Does your spouse attend with you? \_\_\_\_\_

Other religious background? \_\_\_\_\_

Are you a Christian? \_\_\_\_\_ How long? \_\_\_\_\_

On a scale of 1-10 (ten being highest) rate your present relationship

with God \_\_\_\_\_ with prayer \_\_\_\_\_ with Bible study \_\_\_\_\_

**EMOTIONAL INFORMATION**

Have you ever had a severe emotional upset or trauma? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

Have you ever had counseling in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list counselor or therapist and dates \_\_\_\_\_

\_\_\_\_\_

What was the outcome? \_\_\_\_\_

**Please circle the following words which best describe you now**

active ambitious self-confident persistent nervous hardworking impatient impulsive moody  
often blue excitable imaginative calm submissive self-conscious lonely sensitive  
depressed serious easy-going shy good-natured introvert likeable leader quiet

**Suicide Risk Assessment**

Have you ever had feelings or thoughts that you didn't want to live? ( ) Yes ( ) No

If YES, please answer the following. If NO, please skip to the "Substance Abuse" section.

Do you **currently** feel that you don't want to live? ( ) Yes ( ) No

How often do you have these thoughts? \_\_\_\_\_

When was the last time you had thoughts of dying? \_\_\_\_\_

Has anything happened recently to make you feel this way? \_\_\_\_\_

On a scale of 1-10 (10 being strongest), how strong is your desire to kill yourself currently? \_\_\_

Would anything make it better? \_\_\_\_\_

Have you ever thought about how you would kill yourself? \_\_\_\_\_

Is the method you would use readily available? \_\_\_\_\_

Have you planned a time for this? \_\_\_\_\_

Is there anything that would stop you from killing yourself? \_\_\_\_\_

Do you feel hopeless and/or worthless? \_\_\_\_\_

Have you ever tried to kill or harm yourself before? \_\_\_\_\_

Do you have access to guns? If yes, please explain. \_\_\_\_\_

**Substance Abuse:**

Do you use caffeine? \_\_\_ Amount per day? \_\_\_\_\_ Alcohol? \_\_\_ Amount per day? \_\_\_\_\_

Recreational drugs? \_\_\_ If so, what substances? \_\_\_\_\_

Please list any other addictions: \_\_\_\_\_

**MARITAL INFORMATION**

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Education H.S. \_\_\_\_ College How many years? \_\_ Willing to come for counseling? \_\_\_\_\_

Has either of you filed for divorce? \_\_\_\_ Date of marriage? \_\_\_\_\_

Your ages at marriage: His \_\_\_\_\_ Hers \_\_\_\_\_ Length of dating \_\_\_\_\_ Engagement \_\_\_\_\_

Number of previous marriages: His \_\_\_\_\_ Hers \_\_\_\_\_

Children's names and ages: \_\_\_\_\_

**FAMILY OF ORIGIN INFORMATION**

Were you reared by anyone other than your birth parents? \_\_\_\_ If yes, please explain \_\_\_\_\_

Did one or both of your parents die while you were a child? \_\_\_\_ How old were you? \_\_\_\_\_

Are your parents divorced? \_\_\_\_ When? \_\_\_\_ Age of parents, if living: Mother \_\_\_\_ Father \_\_\_\_

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

Was your parents' marriage: unhappy \_\_\_\_ average \_\_\_\_ happy \_\_\_\_ very happy \_\_\_\_

As a child were you closest to: father \_\_\_\_ mother \_\_\_\_ someone else \_\_\_\_ (whom?) \_\_\_\_\_

Was your childhood unhappy \_\_\_\_ average \_\_\_\_ happy \_\_\_\_ very happy \_\_\_\_

Please list your siblings in birth order, giving their age and including yourself in the list \_\_\_\_\_

**EXPECTATIONS FOR COUNSELING**

What brings you here at this time? \_\_\_\_\_

Have you done anything about this concern so far? \_\_\_\_ If so, please explain \_\_\_\_\_

What do you hope to get from this counseling experience? \_\_\_\_\_

Other information you feel I should know \_\_\_\_\_

May I contact you by email? Yes \_\_\_\_ No \_\_\_\_ If so, please provide your email address \_\_\_\_\_