



Client Intake Form

Client's Name(s) _____

Today's Date _____

Parents Names (if Minor)

How did you find out about New Directions? (Referral Source)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Work _____ Email Address (s): _____

Date of Birth: _____ Married? _____ Anniversary: _____

Previous marriages? _____ How Many? _____ How long were their duration? _____

Do you have any siblings? _____ If so, how many? _____ Where are you in the birth order? _____

Is your family part of your support system? _____ Do they live in the local area? _____

Please give the following information for each person that currently lives in your home, *including yourself*.

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, panic attacks, phobias): _____

Note any significant events occurring at this time (job loss, death in family, financial trouble): _____

List any emotional issues that are present (anger, anxiety, moodiness): _____

******Have you ever or do you currently have suicidal or homicidal thoughts? If yes, please describe (when, how long ago, and did you or do you have a plan to harm yourself or anyone else?)**

Family History (please include **yourself** in this and specify **whom** it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: Other mental illness _____

Emotional, verbal, physical, sexual abuse: _____

Other significant childhood traumas: _____

Are your parents living? Him _____ Her _____

Are they still married?

If not, how old were you when they divorced? _____ How long have they been married?

What is a word or phrase that describes their marriage?

Back Ground Information:

Occupation? _____

Educational/Training Background: _____

Have you ever seen a therapist before? _____

Was it helpful and how? _____

******What brings you here today for counseling and support?**
