Maria Potter
Counseling Services LLC

COUNSELING INTAKE FORM

Please provide the following information for our records. Leave blank any question you would rather not answer or would prefer to discuss with your therapist. Information you provide here is held to the same standards of confidentiality as our therapy.

GENERAL INFORMATION

Date: _____ **Name:** _____

Pronouns: ◯ he/him ◯ she/her ◯ they/them **Age:** _____ **DOB:** _____

Address: _____ **City:** _____ **Zip Code:** _____

E-mail: _____

Home Phone: _____ **Mobile Phone:** _____

Allow Voice Mail Message: ☐ Yes ☐ No

Allow Text Message: ☐ Yes ☐ No

Administrative Sex: ◯ Male ◯ Female ◯ Unknown

Gender Identity: ◯ Male ◯ Female ◯ Transgender Male ◯ Transgender Female ◯ Genderqueer ◯ Other

Sexual Orientation: ◯ Straight/Heterosexual ◯ Lesbian/Gay/Homosexual ◯ Bisexual ◯ Other

Race: _____ **Ethnicity:** _____ **Languages:**_____

Marital Status: ◯ Married ◯ Single ◯ Other

Employment: ◯ Employed ◯ Full Time Student ◯ Part Time Student ◯ Unemployed/Other

Smoking Status: ◯ Current Smoker-Everyday ◯ Current Smoker-Some days ◯ Former Smoker ◯ Never Smoker

ADDITIONAL CONTACTS

Contact Type: ◯ Emergency Contact ◯ Legal Guardian ◯ Primary Care Physician (Release of Info: Date:___/___/___)

Contact Name: _____ **Relationship**:_____

Address: _____ **City:** _____ **Zip Code:** _____

E-mail: _____

Home Phone: _____ **Mobile Phone:** _____

Additional Comments: _____

_____

_____

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MENTAL & GENERAL HEALTH INFORMATION

Why are you seeking help now? *(What is happening or is different? What stressors and symptoms do you have?)* _____

_____

_____

Please give more details about the issue you named above *(When did it start? How often does it happen? How does it affect your life? How have you dealt with it so far?)*: _____

_____

_____

_____

Have you ever experienced similar or other mental health symptoms before? *(If so, when did it happen? Did you get help? If you received help, where did you go and for how long did you seek treatment?* _____

_____

_____

_____

Has anyone in your family ever experienced mental health or substance use issues? *(If so, who was it? Did they seek help or get a diagnosis?)*_____

_____

Have you ever experienced any trauma? *(If so, please describe event(s), when it occurred and persons involved)* _____

_____

_____

_____

Has anyone in your family ever experienced trauma? *(If so, please describe event(s), when it occurred and persons involved)*

_____

_____

_____

Do you have any current or prior medical issues? *(If so, what was/is it?)* _____

_____

_____

Are you currently prescribed any medications? *(If so, please list the name, dosage, how often you take it, and the prescriber for each medication.)* _____

_____

_____

Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed? *(If so, which? When did you start, how often did/do you use, and how long did this occur? Please list each substance separately.)* _____

_____

_____

FAMILY & SOCIAL INFORMATION

Who is in your family? What is your relationship with them like? (*Please list all individuals you consider to be a part of your family. For those who are not part of your family of origin (such as significant others), please include the duration of your relationship.)*

_____

_____

_____

_____

What social activities and relationships do you engage in? (*What important social relationships do you have? Do you belong to any social clubs or organizations? How do you like to spend your leisure time?)* _____

_____

_____

_____

What spiritual practices and cultural influences are important to you? (*Do you belong to a religious, faith, or spiritual community? What other cultural groups do you identify with? How do you celebrate culture and spirituality in your life?)* _____

_____

_____

_____

What was life like as you were growing up, both at home and in school? *(Did you meet developmental milestones on time or experience any delays? What were your friends like when you were younger? What was school like for you?)* _____

_____

_____

_____

Do you have any current or prior legal issues? *(Were you ever arrested or charged with a crime or misdemeanor? Do you have any involvement with the civil courts, such as a lawsuit or family law matter? If so, please describe them.)* _____

_____

_____

PERSONAL INFORMATION

What strengths and abilities are you bringing to sessions? What needs or preferences do you have that will help us be successful? *(What do you consider to be your strengths? What do you like most about yourself?)* _____

_____

_____

_____

What are your goals for therapy? _____

_____

_____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know:_____

_____

_____