

**INTAKE QUESTIONNAIRE
COUNSELING SERVICES**

NAME _____

PHONE NUMBERS _____

ADDRESS _____

EMAIL _____

(MAY I SEND ANNOUNCEMENTS TO EMAIL? ___ YES ___ NO)

SEX ___ FEMALE ___ MALE BIRTHDATE: _____

ETHNICITY _____ AGE _____

REFERRED BY: _____

MARITAL/PARTNER STATUS _____

IN CASE OF EMERGENCY NOTIFY:

_____ RELATIONSHIP _____

PHONE NUMBERS _____

MESSAGES ABOUT APPOINTMENTS CAN BE LEFT AT THIS NUMBER _____

___ WITH ANYONE WHO ANSWERS

___ ON VOICE MAIL

Complaints can be made to:

Texas State Board of Examiners of Professional Counselors

1100 West 49th Street

Austin, Texas 78756

Phone: (512) 834 6658, Fax: (512) 834-6789, E-mail: lpc@licc.tdh.state.tx.us

PLEASE DESCRIBE THE EVENT THAT OCCURRED RECENTLY WHICH INFLUENCED YOUR DECISION TO COME IN FOR COUNSELING.

DESCRIBE THE WAYS YOUR CONCERN IS INTERFERING WITH YOUR PERSONAL AND WORK LIFE.

WHAT HAVE YOU ALREADY TRIED TO DO ABOUT YOUR CONCERN?

HOW LONG HAS THIS BEEN A CONCERN?

PLEASE MARK AN **X** ON THE LINE BELOW AT A POINT THAT REFLECTS YOUR FEELINGS ABOUT RESOLVING THE CONCERN.

very hopeful	somewhat hopeful	unsure	somewhat hopeless	very hopeless
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DESCRIBE ANY EXISTING MEDICAL PROBLEMS OR CURRENT PHYSICAL SYMPTOMS.

PLEASE LIST ANY MAJOR PAST ILLNESSES OR SURGERIES.

LIST **ALL** PRESCRIBED OR NONPRESCRIBED MEDICATION/DRUGS YOU TAKE OR HAVE TAKEN ON A REGULAR BASIS, INCLUDING VITAMINS AND HERBAL/NATURAL TREATMENTS.

PLEASE DESCRIBE ANY EXPERIENCES WITH COUNSELING OR PSYCHOTHERAPY YOU HAVE HAD.

PLEASE LIST THE FIRST NAMES AND AGES AND RELATIONSHIPS OF THE PEOPLE YOU LIVE WITH.

PLEASE DESCRIBE YOUR WORK SITUATION. WHERE AND HOW LONG? STRESS LEVEL?

PLEASE DESCRIBE YOUR

HEALTH_____

SLEEP_____

APPETITE_____

ENERGY LEVELS_____

MOOD_____

THOUGHTS_____

FEELINGS_____

TOBACCO USE_____

ALCOHOL USE_____

DRUG USE_____

CAFFEINE USE_____

HAVE YOU TRIED

___MARIJUANA___INHALANTS___COCAINE___ECSTASY

___LSD___ROHYPNOL___METHAMPHETAMINES___INHALANTS

___OTHER(Please describe)

PLEASE DESCRIBE YOUR FAMILY'S HISTORY OF PSYCHOLOGICAL PROBLEMS.

PLEASE DESCRIBE YOUR FAMILY'S USE OF ALCOHOL.

PLEASE COMMENT ON YOUR EXPERIENCE WITH ANY TYPE OF ABUSE.

WHO DO YOU TURN TO FOR HELP?

HAVE YOU THOUGHT OF PHYSICALLY HARMING YOURSELF RECENTLY? YES NO

COMMENTS:

HAVE YOU EVER ATTEMPTED TO PHYSICALLY HARM YOURSELF? YES NO

COMMENTS

DO YOU AGREE NOT TO PHYSICALLY HARM YOURSELF OR OTHERS?

YES NO NOT SURE

COMMENTS

IS THERE OTHER INFORMATION THAT IS IMPORTANT TO YOUR CONCERN?