Angel’s Counseling LLC
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Licensed Marriage and Family Therapist
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CLIENT INTAKE FORM

Name: ____

Date of Birth: _____________________________________ Age: _______________

Address: ____

Phone: _____________________________ May I leave a message? Yes No

Emergency contact: ________________Phone: ____________Relationship:_______

Referred by (please check all that apply):

Good Therapy
Psychology Today
Online search directly led me to your website
Word of mouth (name of the person who referred you) _________________________
Other ________________________

Please answer the questions below as completely as is comfortable for you. All answers will be kept confidential.

Please describe the problem that brings you to counseling:

What do you want to accomplish as a result of therapy?

What previous experience do you have with counseling?

Please mark any of the following that you are currently experiencing:

□ Anxiety/Worry	□ Self-harm Behaviors	□ Relationship Problems
□ Depression/Sadness	□ Hallucinations	□ Parenting Problems
□ Poor memory/Confusion	□ Hearing voices	□ Low self-worth
□ Appetite Issues	□ Suicidal Thoughts	□ Work/school problems
□ Hopelessness	□ Homicidal Thoughts	□ Hoarding
□ Crying Spells	□ Sexual problems	□ Impulsivity
□ Lack of Motivation	□ Irritability/Anger	□ Shopping Addiction
□ Sleep Problems	□ Withdrawal/Isolation	□ Eating Problems
□ Loss of Pleasure/Interest	□ Flashbacks	□ Excessive Energy
□ Fatigue	□ Suspicion/Paranoia	□ Panic Attacks
□ Alcohol/Drug use	□ Libido Changes	□ Guilt/Shame
□ Nightmares	□ Risky Activity	□ Porn Addiction
□ Loneliness	□ Gambling Problems	□ Compulsive Behavior

Other: ____

Are you currently experiencing suicidal thoughts? □ No □ Yes

If yes, please describe:

Have you experienced suicidal thoughts in the past? □ No □ Yes

If yes, please explain:

Have you ever attempted suicide? □ No □ Yes

If yes, when

If yes, please describe the attempt:

Are you or anyone in your household currently experiencing abuse or violence of any kind? □ No □ Yes

If yes, please explain:

How would you describe your current intimate relationship (if any):

How would you describe your social support (friends, co-workers, neighbors, religious/spiritual, self-help/support groups, etc.)

MEDICAL HISTORY

How would you describe your physical health?

Are you currently being treated for any medical conditions? □ Yes □ No

Please explain

Are you currently taking any medication for mental health or medical condition?
□ Yes □ No

Medication: ___________________________

What was your previous mental health diagnosis (if applicable)?

Have you ever tried the following? (check all that apply)

□ Alcohol □ Heroin □ Pain Killers □ Cocaine □ Marijuana □ Stimulants □ Ecstasy □ Methadone □ Tobacco □ Hallucinogens □ Methamphetamines □ Tranquilizers
Other _________________________________

If yes to any, list frequency and dates of last use:

Have you ever been treated for drug/alcohol abuse? If yes, when?

Have you ever abused prescription drugs? If yes, which ones?

FAMILY HISTORY

Please describe your relationship with your parents:

Please describe your relationship with other significant family members:

Before you were 18, did you experience any of the following?

□ Parents divorced (your age _____)

□ Lived with step-parent or step-siblings
□ Adopted (your age _____)
□ Raised by someone other than parent (Who? ________________)
□ Other

Have you experienced the death of someone close to you?

Please give the name and relationship of the person(s) and when they died (or your age at the time):

Did either of your parents abuse alcohol or other drugs? □ Yes □ No

Were the adults in your household abusive or disrespectful to each other? □ Yes □ No

Were you □ verbally, □ emotionally, □ sexually or □ physically abused?

Do any of your current or extended family members have a history of mental illness (depression, anxiety, attention deficit disorder, addictions, etc.)? □ Yes □ No

Has anyone close to you committed suicide or attempted to commit suicide? □ Yes □ No

Is there is anything else is important for your counselor to know?

Thank you for taking the time to answer these questions.