

# 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? \_\_\_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

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

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

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

## INTAKE INFORMATION PROFILE

**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

Have you ever considered suicide? \_\_\_ If yes, when and what plan have you considered?

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 parent's 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 sibling 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 \_\_\_\_\_