Allies In Hope Counseling, LLC.
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Client Intake Form

Legal Name: _____ □ Male □ Female □ Other

Preferred Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ □ Ok to leave message

Cell Phone: _____ □ OK to leave message

Preferred method of contact: □ Phone call □ Email _____
Email will be used for appointment reminders or scheduling purposes only, not for therapeutic work.

Would you like email reminders of your appointment? □ Yes □ No

Relationship status:

□ Single □ Married □ Domestic Partnership □ Separated □ Divorced □ Widowed □ Other

Length of time with current partner? _____ Living together? □ Yes □ No

Are you currently or have plans to enter the divorce process? □ Yes □ No

Children: Names and Ages _____

_____

Do you currently have sole custody of the children? □ Yes □ No

If no what is the custody arrangement? _____

_____

_____

In case of emergency contact: _____

Phone:_____ Relationship to client: _____

Referred by: _____

Your answers to the following questions may provide additional information that will benefit our counseling sessions. Please answer the questions below as honestly and completely you feel comfortable. All answers will be kept confidential.

Briefly describe the concern that brings you to counseling: _____

_____

_____

_____

What have you done to try and resolve this concern? _____

_____

_____

_____

After counseling, what do you hope will be different regarding this concern? _____

_____

_____

What previous experience do you have with counseling? _____

_____

_____

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

□ Distractibility
□ Hyperactivity
□ Impulsivity
□ Anxiety/ worry
□ Poor memory/ confusion
□ Fear away from home
□ Sadness/ depression
□ Loss of pleasure/ interest
□ Hopelessness
□ Aggression/ fights
□ Self-harm/ behaviors
□ Irritability/ anger
□ Work/ school problems
□ Visual hallucinations
□ Change in appetite
□ Lack of motivation
□ Withdrawal from people
□ Loneliness
□ Panic attacks
□ Nightmares
□ Social discomfort
□ Obsessive thoughts
□ Compulsive behavior
□ Problems with pornography
□ Frequent arguments
□ Low self- worth
□ Guilt/ shame
□ Suspicious/ paranoia
□ Racing thoughts
□ Sexual problems
□ Increasing alcohol/ drug use
□ Sleep problems
□ Homicidal thoughts
□ Eating problems
□ Gambling problems
□ Computer addiction
□ Relationship problems
□ Parenting problems
□ Foster care/ DHS
□ Flashbacks

□ Hearing voices □ Other: _____

Current substance use:

Type of Substance	Amount of use	Frequency of use	Date of last use

Past substance use:

Type of Substance	Amount of use	Frequency of use	Date of last use

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?

□ Yes □ No If yes, please explain: _____

_____

Any previous mental health hospitalizations or participation in inpatient treatment programs?

□ Yes □ No If yes, please explain: _____

_____

About 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 medications for mental health or for a medical condition I should be aware of? □ Yes □ No

Medication	Dosage	Per hour/ day/ week ect

About Relationships

How would you describe your current intimate relationship? _____

_____

_____

_____

_____

Briefly tell me about your family (current family, family from childhood, family you chose, ect)

_____

_____

_____

Briefly tell me about your social support (friends, co-workers, neighbors, religious/spiritual, self-help/support groups, ect.) _____

_____

_____

Do you feel you have an adequate support system? □ Yes □ No

Is there anything else you feel is important for me to know about you?

_____

_____

Thank you for answering these questions, they will assist me in our work together.