



Initial Intake

DATE:

Name:

Age:

Reason for attending counseling:

Review of Functioning

List your personal hobbies and interests:

List your support system:

List your strengths:

List areas you need/want to make improvements in:

Family Information

Are you currently in a relationship:

If yes, please list status:

Name of Person:

Length of time you have known each other:

Length of time you have been together:

Do you currently live together:

Number of marriages:

Do you have children: If yes, please list below:

Name	Age	Sex	Occupation/Grade	Living with client	Biological adopted, or step	Name of second parent

What is your current living situation?

Have you ever had, or do you currently have, difficulties maintaining housing?

Family History

With whom did you live until the age of 18:

Did your parents ever Marry:

Divorce:

Was CPS ever involved in your life growing up:

Were you ever in foster care or residential care:

Were you adopted:

Mother's name and current age:

Father's name and current age:

Siblings:

Name& DOB	Age	Sex	Location	Names of parents

Have you ever experienced the death of a family member or a close friend:

Educational Information

Highest level of education completed:

Need for special education support?

Specific Job training/experience:

Vocational Information

Are you currently employed:

If you are not currently working, how long have you been un-employed:

What types of jobs have you typically held:

What is the longest period of time you have ever worked at one job:

Are you able to provide for the basic needs of your family?

Are you receiving any community resources?

Have you ever served in the military:

Health Information

Spiritual Health

Have you ever or do you currently engage in a personal faith practice:

Have you ever, or do you currently belong to a faith community (church, synagogue, temple, religious order, etc:

Do you want to incorporate your faith/spirituality into the counseling process:

Mental Health

Have you ever been in counseling/therapy before:

Are you currently receiving mental health services:

Have you ever been hospitalized for mental health concerns:

Have you ever been diagnosed with a mental illness?

Has anyone in your family ever been diagnosed with a mental illness?

Have you ever or are you currently engaging in self-harm?

Have you ever or are you currently contemplating suicide?

Have you ever attempted suicide?

Have you ever or are you currently contemplating harming another person?

Has any one close to you ever attempted suicide?

Have you ever engaged in aggressive/assaultive behavior?

Have you ever engaged in property destruction or setting fires?

Do you currently or have you ever had trouble sleeping:

Do you currently or have you ever had problems with eating or with food:

Physical Health:

Have you ever been physically, mentally, emotionally or sexually abused?

Do any of your family members engage in domestic violence?

Have you ever been in an abusive relationship?

Are you currently in an abusive relationship?

Medical Information

Are you currently under the care of a Doctor or other medical health professional:

Name of Primary Care Physician:

Please list any prescription medications you are currently taking:

Please list any over the counter medications, vitamins, or herbal supplements you are currently taking:

ALLERGIES:

Substance Use& Treatment Information

Alcohol-

Tobacco-

Marijuana

Legal/synthetic/bath salts:

Have you ever believed your substance use was a problem for you:

**Has anyone ever told you they believed your substance use was a problem:
Have you ever had withdrawal symptoms when trying to stop using any substances:
Have you ever had problems with work, relationships, health, the law, etc. due to your
substance use?**

**Have you ever participated in drug and alcohol treatment?
Do you currently or have you ever attended Alcoholics or Narcotics Anonymous?**

Do you have any family members or close associates with substance abuse issues?

Legal Information

Have you ever been the victim of a crime (abuse or assault):

Are you currently involved in divorce or child custody proceedings:

Have you ever been convicted of a misdemeanor or felony:

Are you currently on parole or probation:

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