



Counseling West

Individual, Couple and Family Therapy

Adult Intake Form

Therapist Use Only	
Acct. No.	
Fee	
Counselor last name	
Direct Referral	Y__ N__

Welcome to Counseling West. Please take time to complete both sides of this form to assist us as we begin our work together. All information provided here is confidential and will not be released without your written approval. Thank You.

PLEASE PRINT

LAST NAME		FIRST		MI		TODAY'S DATE M/DD/YR	
RESIDENCE ADDRESS				CITY		STATE ZIP	
HOME PHONE ()	CELL PHONE ()	DATE OF BIRTH	AGE	GENDER			
Can we leave voice message at the above numbers? [YES] / [NO] (circle one)							
EMPLOYER NAME		WORK ADDRESS		CITY		STATE ZIP	
WORK PHONE () EXT.		OCCUPATION		REFERRED BY			
DID YOUR PHYSICIAN OR PSYCHIATRIST REFER YOU? Y__ N__ PHONE: ()							
PHYSICIAN'S ADDRESS							
YOUR PARENTS: MOTHER LIVING: Y__ N__ NAME:		AGE	FATHER LIVING: Y__ N__ NAME:		AGE		
OCCUPATION		IF DECEASED, YR OF DEATH		OCCUPATION		IF DECEASED, YEAR DEATH	
YOUR FAMILY: SISTERS NAME		AGE		BROTHERS: NAME		AGE	
CHECK ONE: SINGLE___ MARRIED___ IN PARTNERSHIP___ SEPARATED___ DIVORCED___ REMARRIED___							
				AGE	OCCUPATION		
SPOUSE'S EMPLOYER		WORK ADDRESS		WORK PHONE ()			
SPOUSE'S MOTHER LIVING: Y__ N__ NAME		AGE	FATHER LIVING: Y__ N__ NAME		AGE		
SPOUSE'S FAMILY: SISTER'S NAME		AGE		BROTHERS: NAME		AGE	

YOUR CHILDREN	AGE	HIS	HERS	OURS	ADOPTED	WHERE RESIDING
1.						
2.						
3.						

OTHER PEOPLE LIVING WITH YOU		RELATIONSHIP	
HAVE YOU EVER BEEN IN COUNSELING BEFORE? Y__ N__ IF YES, WITH WHOM, WHEN AND WHERE?			
ARE YOU IN SCHOOL NOW? Y__ N__		HIGHEST GRADE COMPLETED	
		DEGREE	
IN CASE OF EMERGENCY CONTACT		RELATIONSHIP TO	DAY PHONE
			NIGHT PHONE
LIST OF MAJOR MEDICAL CONDITIONS		LIST OF CURRENT MEDICATIONS	
<p>HAVE YOU OR ANYONE IN YOUR FAMILY EVER HAD (HAVE) A PROBLEM WITH THE FOLLOWING: ALCOHOL__ DRUGS__ GAMBLING__ SEX ADDICTION__ EATING DISORDER__ If so, please briefly explain.</p>			
<p>I HAVE__ HAVE NOT__ BEEN ARRESTED. I HAVE__ HAVE NOT__ SPENT TIME IN JAIL, PRISON, OR OTHER CORRECTIONAL FACILITY. If so, please explain briefly.</p>			
WHAT ARE YOU CURRENT CONCERNS OR PROBLEMS?			
<p>I understand my therapist and I will begin working together during the first consultation and the weekly fee will be set by the office and communicated to me after the intake session. I understand Counseling West requires 24-hr advance notice of cancellation. Unless it is an emergency beyond my control, I will provide 24 hour notice or I will pay the full fee.</p>			
SIGNATURE:		DATE:	