

SPIRAL COUNSELING INTAKE FORM

Today's DATE: _____

Name _____ Age _____ DOB _____

Full Address _____

Home Phone _____ Work _____ E-mail _____

Physical History

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? _____ Describe _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you use MMJ or other marijuana? _____

Do you drink? _____ How much? _____ Caffeine intake _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

INTAKE 2

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Academic experience _____

Hobbies/Avocations _____

Family Systems Information

Where born _____ How long there _____

Ethnicity and Cultural Background _____

Parents: Father alive _____ Where residing _____ Relationship _____

Mother alive _____ Where residing _____ Relationship _____

Marital Status _____ #of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, please indicate with a "D" in the line.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

Were you reared by someone other than your birth parents? _____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know, about your early experiences in life.

INTAKE 3

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life _____ Why/whynot _____

Emotional Status

Are you currently experiencing strong emotions? ____ If yes, describe _____

How do you usually make decisions in your life?

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you had any thoughts of suicide ____ If so, when _____ Do you have any thoughts now _____

Present Situation

Please state why you decided to come for counseling/therapy.

What is the nature of your situation _____

What would you like to experience that is different from what you are experiencing now _____

How long has this been a problem for you _____

What you would like to work on in therapy, and anything else you are interested in exploring or learning:
