

# Counseling Intake Form

Each person attending therapy should complete a separate form.

Legal Name \_\_\_\_\_ Gender \_\_\_\_\_

Preferred Name \_\_\_\_\_ Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Best Contact Number (phone) \_\_\_\_\_ E-mail \_\_\_\_\_

Is it okay for us to leave you a message at this phone number?  Yes  No

*\*If client is a minor, name of parent or legal guardian* \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Client(s):  Relative (specify) \_\_\_\_\_  Spouse/Partner  Other (specify) \_\_\_\_\_

## History

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 Previous Therapy/Counseling? \_\_\_\_\_ If yes, describe, when, where, how long, what for \_\_\_\_\_

How did you hear about Plumeria Counseling Center?

Friend/Relative  Physician/Therapist  Website: \_\_\_\_\_  Other: \_\_\_\_\_

What do you hope to achieve with therapy? \_\_\_\_\_