the Counseling Collaborative at Queen Anne

Date _____

# Intake Form

Name _____ Date of birth _____

Address _____

City _____ Zip _____

Primary phone _____ Okay to leave vm: ☐ *Yes* ☐ *No*

Secondary phone _____ Okay to leave vm: ☐ *Yes* ☐ *No*

Email_____

Is it okay to send mail to this address? ☐ *Yes* ☐ *No*
Is it okay to contact you via email, strictly for the purposes of scheduling? ☐ *Yes* ☐ *No*

Briefly describe the concerns that have brought you here.

_____
_____
_____
_____

Please check any current or past issues that still affect you.

c Feeling Tense
c Worry/Anxiety
c Stress
c Panic Attacks
c Feeling Inferior
c Feeling Hopeless
c Distractibility
c Irritability
c Anger
c Self-Harm/Suicidal Thoughts
c Phobias
c Obsessions
c Lying/Deceitfulness
c Sleep Issues
c Sexual Assault/Rape
c Recent Death of a Loved One
c Childhood Abuse (i.e. physical, sexual, emotional)
c Academic Issues
c Other concerns: _____

c Gambling
c Alcohol/Other Drug Use
c Pornography
c Sexual Identity Issues
c Family Issues
c Relationship Concerns
c Pregnancy Issues
c Academic Issues
c Victim of Crime
c Domestic violence
c Witness to violence/trauma
c Natural Disaster Survivor
c Appetite Concerns
c Eating Concerns
c Criminal History
c Hallucinations

Which of the issues above, if any, is most concerning to you?

_____

_____

Have you previously seen a therapist? _____ When? _____

With whom? _____ For what issue/s? _____

_____

Are there any current medical concerns? If so, explain. _____

_____

_____

Please list current medications (including non-herbal).

| Name of medication | Start Date | Dosage | Comments |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been hospitalized for physical or mental health reasons? _____

Briefly describe (include dates). _____

_____

_____

Have you had any previous attempts at self-harm or suicide attempts? _____

_____

_____

What do you hope to achieve in therapy? _____

_____

_____

_____

Tell me about your strengths. What do other people find special about you? _____

_____

_____

_____

How did you hear about me and/or The Counseling Collaborative? _____

_____

Are you interested in a counseling group? _____

If so, for what issue/s? _____

_____

Is there anything else you would like for me to know? _____

_____

_____