

Welcome! We are entering into an exploration of your self ~ past, present, and future. This questionnaire will help me to understand who you are and what factors contribute to your desire to enter this contract for change, growth and development.

Please complete it as fully as possible. If there are questions you feel uncomfortable answering in this format, make a note of them and we can discuss your thoughts in person (leave these blank). If you have further questions or thoughts, you can include them on a separate sheet.

Jacinda Phillips Counseling
CET, LMT OR Lic#7201

CLIENT INTAKE FORM

Today's Date _____

Name _____

Date of Birth _____ Preferred Pronoun _____

Gender/non-gender identification _____

Address _____

Day Phone Number _____ Evening Phone Number _____

Cell Phone _____ Texting ok? _____

Email _____

Emergency Contact:

Name _____ Phone _____

Relationship to you _____

Marital/Partner _____ How long together? _____

Children? (if yes, include ages) _____

Note those living with you _____

Occupation _____

Employed By _____

Referred to me by _____

Main reasons you are here today:

Are you currently under the care of physician and/or psychotherapist? _____

Please list with whom and date of last session _____

Please list any current medications _____

Please list any hospitalizations for psychological problems _____

Have you ever considered suicide or attempted suicide? If yes, when? _____

Are you currently experiencing a life crisis? If so, please describe _____

Rate your general health and list any complaints _____

Have you had any serious medical conditions requiring treatment including hospitalization, surgery, and/or accidents? If yes, please elaborate:

Do you currently have a physical disability or chronic condition? If yes, please list:

Are you in physical pain? If yes, please describe : _____

Health Habits

How often and how do you exercise? _____

Tobacco use? If yes, for how long? _____
Caffeine? If yes, how much per day? _____
Special Diet? If yes, please describe _____

Alcohol use? If yes, please list quantity and frequency _____

Nonprescription/prescription drug use? _____
Recreational drug use? _____

If you currently or have ever had struggles with any of the above, please describe:

Have you sought treatment or alcohol/drug or food-related issues? _____

Have you suffered from sexual or physical abuse? If yes, please describe _____

What do you know about your birth? Caesarian? Traumatic?
Mother smoked or used drugs or alcohol abuse? Natural?

Do you have siblings? If so, please list birth order, gender, and ages

Family History

Please list family history of the following:
(Be sure to note their member status for e.g. paternal Grandmother)

Illnesses and/or hospitalizations. _____

Physical/sexual abuse? _____

Psychiatric illness/treatment/hospitalizations? _____

Suicide?

Substance abuse? _____

Criminal activity or imprisonment? _____

Nuclear family members. Parents, step-parents, siblings, and important others and if they are living, age, health status, if you are in contact with them.

If deceased, please note the cause of death, year and at what age

Any additional information in your family background that you feel is important to share?

Religion and Spirituality

What was your family’s religious orientation? _____

What is their religious/spiritual activity now? _____

What is you history of religious orientation? _____

Do you have any current affiliation with a religious organization? _____

What is your spiritual orientation and ongoing spiritual practice? _____

How do you center yourself? _____

Do you meditate?Pray? If so, how often? _____

Are you aware of your mask self or lower self? Please describe _____

Are you connected to your higher self? God? Goddess? Please describe _____

What do you do for fun/entertainment? _____

Describe anything additional you would like me to know about you and your path:
