

A Center for Adult, Family, and Career Counseling
Patricia A. Morgan, Ph.D., L.C.S.W.
Client Information: Confidential

Intake Sheet

Name:

Age: Date of Birth: Today's Date:

Marital Status: S Sep M D W Referred by

Address:

City/State/Zip:

Home Phone: Work Phone:

Cell/Pager e-mail address:

Employer (Name, City) & Position:

Emergency Contacts(s) Name/Phone:

Reason for seeking counseling:

Treatment Goals:

Previous counseling yes no Most recent visit: (approx. date)

Reason for prior counseling: Reason for termination of sessions:

Provider:

Are you experiencing troubling family relationships now : yes no

Are you experiencing troubling work relationships now: yes no

Are you experiencing troubling social relationships: yes no

Do you have trouble sleeping: yes no (if yes, please describe:

Last time you drank alcohol

What is your typical intake:

Last time you used recreational drugs

Have you or any family member suffered from an alcohol or drug addiction: yes no

Expand

Please list those living in your household—first name and relationship

Current health problems/physical disabilities:

Past major health problems/physical disabilities

Past episodes of psychological or physical trauma: yes no

Past episodes of depression, anxiety, bipolar disorder, etc. or any other diagnosed or presumed behavioral condition:

Condition:	Dates start	finish
------------	-------------	--------

Episodes of behavioral disorders (depression, schizophrenia, bipolar disorder etc) in your biological family (siblings, parents, grandparents, etc).

Has any member of your family attempted suicide yes no Biological relative yes no

Have you ever attempted suicide: yes no

Are you having suicidal thoughts or plans now: yes no

Are there weapons in the home yes no

Do you believe that you are (check as many as apply) depressed anxious overly agitated

Do you have any financial/legal issues: yes no

Prior to our meeting please contact your insurance company about what your co-pay is for your policy. Co-pays are due at the end of each session by check or cash, no credit or debit cards.