

GRACE COUNSELING CLINICAL INTAKE FORM

Name _____

Today's Date _____

PRESENTING PROBLEMS-Why are you coming to counseling?

Main problems

Duration (months)

Additional information:

Visual	Auditory	Kinetic
Concrete	Sequential	Global
Abstract	Random	Analytical

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning

Moderate = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	binging/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	elevated mood	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
suicidal thoughts	[]	[]	[]	[]	paranoid thoughts	[]	[]	[]	[]	out of touch-dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	mania/manic symptoms	[]	[]	[]	[]	physical complaints	[]	[]	[]	[]
physical retardation	[]	[]	[]	[]	loose associations	[]	[]	[]	[]	self-mutilation	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]	significant weight gain/loss	[]	[]	[]	[]
poor grooming	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	co-existing medical condition	[]	[]	[]	[]
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma victim	[]	[]	[]	[]
agitation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma victim	[]	[]	[]	[]
emotionality	[]	[]	[]	[]	oppositional behavior	[]	[]	[]	[]	sexual trauma victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma perpetrator	[]	[]	[]	[]
general anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify) _____	[]	[]	[]	[]

SPIRITUAL HISTORY

Current Church attending: _____ Church attendance per month (circle) 0 1 2 3 4 5 6 7 8 9 10 10+

Denominational preference: _____ Membership: _____

Church attended in childhood: _____ Baptized? Yes _____ No _____ When? _____

Do you pray to God? Never _____ Occasionally _____ Often _____ How frequently do you read the Bible? Never _____ Occasionally _____ Often _____

Do you have regular personal devotions? Yes _____ No _____ Do you have regular family devotions? Yes _____ No _____

Explain any recent changes in your religious life: _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

Describe your personal understanding of how someone has a relationship with God _____

Describe how to be controlled by the Holy Spirit _____

Would you describe yourself as a growing _____ struggling _____ stagnant _____ young _____ mature _____ disillusioned _____ Christian? Other? _____

Summarize what you believe is your relationship with God. _____

EMOTIONAL/ PSYCHIATRIC HISTORY

[] [] **Prior outpatient psychotherapy?**

No Yes If yes, on _____ occasions. Longest treatment by _____ for _____ sessions from ____/____/____ to ____/____/____

Prior provider name	City	State	Provider Name	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[] [] **Has any family member had outpatient psychotherapy? If yes, who/why (list all):** _____

No Yes _____

[] [] **Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?**

No Yes If yes, on _____ occasions. Longest treatment at _____ from ____/____/____ to ____/____/____

Name of facility	Month/Year	Month/Year
_____	_____	_____

Inpatient facility name _____ City _____ State _____ Phone _____ Diagnosis _____ Intervention/Modality _____ Beneficial? _____

Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, No Yes who/why (list all): _____

<input type="checkbox"/> <input type="checkbox"/> Personal Prior or Current Psychotropic Medication Usage? If yes:									
No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Has any family member used psychotropic medications? If yes, who/what/why (list all): _____
 No Yes _____

FAMILY HISTORY

FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents' current marital status:

married to each other
 separated for ___ years
 divorced for ___ years
 mother remarried ___ times
 father remarried ___ times
 mother involved with someone
 father involved with someone
 mother deceased for ___ years
 age of patient at mother's death _____
 father deceased for ___ years
 age of patient at father's death _____

Describe parents:

Father	Mother
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

Describe childhood family experience:

outstanding home environment
 normal home environment
 chaotic home environment
 witnessed physical/verbal/sexual abuse toward others
 experienced physical/verbal/sexual abuse from others

Age of emancipation from home: _____ **Circumstances:** _____

Special circumstances in childhood: _____

IMMEDIATE FAMILY

Marital status:

single, never married
 engaged ___ months
 married for ___ years
 divorced for ___ years
 separated for ___ years
 divorce in process ___ months
 live-in for ___ years
 ___ prior marriages (self)
 ___ prior marriages (partner)

Intimate relationship:

never been in a serious relationship
 not currently in relationship
 currently in a serious relationship

Relationship satisfaction:

very satisfied with relationship
 satisfied with relationship
 somewhat satisfied with relationship
 dissatisfied with relationship
 very dissatisfied with relationship

List all persons currently living in patient's household:

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as patient:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate relationships: _____

Describe any past or current significant issues in other immediate family relationships: _____

MEDICAL HISTORY (check all that apply for the client)

Describe current physical health: Good Fair Poor

List name of primary care physician:

Name _____ Phone _____

List name of psychiatrist: (if any):

Name _____ Phone _____

What is the date of your last physical? _____

Is there a history of any of the following in the family:

tuberculosis heart disease
 birth defects high blood pressure
 emotional problems alcoholism
 behavior problems drug abuse
 thyroid problems diabetes
 cancer Alzheimer's disease/dementia
 mental retardation stroke

List any medications currently being taken (give dosage & reason): _____ [] other chronic or serious health problems _____

Describe any serious hospitalization or accidents: _____ Date _____ Age _____ Reason _____

List any known allergies: _____ Date _____ Age _____ Reason _____
 Date: _____ Age _____ Reason _____

List any abnormal lab test results:
 Date _____ Result _____
 Date _____ Result _____

SUBSTANCE USE HISTORY (check all that apply for the client)

Family alcohol/drug abuse history:	Substances used: (complete all that apply)	First use age	Last use age	Current Use (Yes/No)	Frequency	Amount
[] father	[] stepparent/live-in	[] alcohol	_____	_____	_____	_____
[] mother	[] uncle(s)/aunt(s)	[] amphetamines/speed	_____	_____	_____	_____
[] grandparent(s)	[] spouse/significant other	[] barbiturates/owners	_____	_____	_____	_____
[] sibling(s)	[] children	[] caffeine	_____	_____	_____	_____
[] other _____		[] cocaine	_____	_____	_____	_____
		[] crack cocaine	_____	_____	_____	_____
		[] hallucinogens (e.g., LSD)	_____	_____	_____	_____
		[] inhalants (e.g., glue, gas)	_____	_____	_____	_____
		[] marijuana or hashish	_____	_____	_____	_____
		[] nicotine/cigarettes	_____	_____	_____	_____
		[] PCP	_____	_____	_____	_____
		[] prescription _____	_____	_____	_____	_____
		[] other _____	_____	_____	_____	_____

Treatment history:

[] outpatient (age[s] _____)
 [] inpatient (age[s] _____)
 [] 12-step program (age[s] _____)
 [] stopped on own (age[s] _____)
 [] other (age[s] _____)
 [] other (describe) _____

Consequences of substance abuse (check all that apply):

[] hangovers [] withdrawal symptoms [] sleep disturbance [] binges
 [] seizures [] medical conditions [] assaults [] job loss
 [] blackouts [] tolerance changes [] suicidal impulse [] arrests
 [] overdose [] loss of control amount used [] relationship conflicts

DEVELOPMENTAL HISTORY (check all that apply for the client)

Problems during mother's pregnancy:	Birth:	Childhood health:
[] none	[] normal delivery	[] chickenpox (age _____)
[] high blood pressure	[] difficult delivery	[] German measles (age _____)
[] kidney infection	[] cesarean delivery	[] red measles (age _____)
[] German measles	[] complications _____	[] diphtheria (age _____)
[] emotional stress	birth weight ___ lbs ___ oz.	[] poliomyelitis (age _____)
[] bleeding		[] pneumonia (age _____)
[] alcohol use		[] tuberculosis (age _____)
[] drug use	Infancy:	[] autism
[] cigarette use	[] feeding problems	[] mental retardation
[] other	[] sleep problems	[] asthma
	[] toilet training problems	
		[] allergies to _____
		[] significant injuries _____
		[] chronic, serious health problems _____

Delayed developmental milestones (check only those milestones that did not occur at expected age):

[] sitting [] controlling bowels
 [] rolling over [] sleeping alone
 [] standing [] dressing self
 [] walking [] engaging peers
 [] feeding self [] tolerating separation
 [] speaking words [] playing cooperatively
 [] speaking sentences [] riding tricycle
 [] controlling bladder [] riding bicycle
 [] other _____

Emotional / behavior problems (check all that apply):

[] drug use [] repeats words of others [] distrustful
 [] alcohol abuse [] not trustworthy [] extreme worrier
 [] chronic lying [] hostile/angry mood [] self-injurious acts
 [] stealing [] indecisive [] impulsive
 [] violent temper [] immature [] easily distracted
 [] fire-setting [] bizarre behavior [] poor concentration
 [] hyperactive [] self-injurious threats [] often sad
 [] animal cruelty [] frequently tearful [] breaks things
 [] assaults others [] frequently daydreams [] other _____
 [] disobedient [] lack of attachment _____

Social interaction-check all that apply (See next page also)

[] normal social interaction [] inappropriate sex play

Intellectual / academic functioning-check all that apply (See next page also)

[] normal intelligence [] authority conflicts [] mild retardation

- isolates self dominates others high intelligence attention problems moderate retardation
 very shy associates with acting-out peers learning problems underachieving severe retardation
 alienates self other _____ Current or highest education level _____

Describe any other developmental problems or issues: _____

GENERAL HISTORY (check all that apply for the client)

Living situation:
 housing adequate
 homeless
 housing overcrowded
 dependent on others for housing
 housing dangerous/deteriorating
 living companions dysfunctional

Social support system:
 supportive network
 few friends
 substance-use-based friends
 no friends
 distant from family of origin

Sexual history:
 heterosexual orientation currently sexually dissatisfied
 homosexual orientation age first sex experience _____
 bisexual orientation age first pregnancy/fatherhood ____
 currently sexually active history of promiscuity age ___ to ___
 currently sexually satisfied history of unsafe sex age ___ to ___
 Additional information: _____

Employment:
 employed and satisfied
 employed but dissatisfied
 unemployed
 coworker conflicts
 supervisor conflicts
 unstable work history
 disabled: _____

Military history:
 never in military
 served in military - no incident
 served in military - **with** incident _____

Cultural/spiritual/recreational history:
 cultural identity (e.g., ethnicity, religion): _____
 describe any cultural issues that contribute to current problem: _____
 currently active in community/recreational activities? Yes No
 formerly active in community/recreational activities? Yes No
 currently engage in hobbies? Yes No
 currently participate in spiritual activities? Yes No
 if answered "yes" to any of above, describe: _____

Financial situation:
 no current financial problems
 large indebtedness
 poverty or below-poverty income
 impulsive spending
 relationship conflicts over finances

Legal history:
 no legal problems
 now on parole/probation
 arrest(s) not substance-related
 arrest(s) substance-related
 court ordered this treatment
 jail/prison _____ time(s)
 total time served: _____
 describe last legal difficulty: _____

Educational History:
 Highest grade: _____
 Major in College: _____
 Currently in education with what goal: _____

PERSONALITY INFORMATION Circle the following words that best describe you now. Please pick ONE PER LINE from each column. YOU SHOULD HAVE 10 CIRCLES WHEN YOU ARE DONE.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
1. Forceful	Talkative	Steady	Precise
2. Bossy	Brassy	Blank	Bashful
3. Decisive	Sociable	Accommodating	Analytical
4. Unsympathetic	Disorganized	Unenthusiastic	Introvert
5. Mover	Bouncy	Listener	Scheduled
6. Domineering	Loud	Aimless	Depressed
7. Adventurous	Cheerful	Patient	Musical
8. Powerful	Persuasive	Peaceful	Perfectionist
9. Stubborn	Show-off	Slow	Skeptical
10. Lion	Otter	Golden Retriever	Beaver

**PAYMENT IS TO BE MADE AT THE TIME OF THE APPOINTMENT.
 CANCELLATIONS MADE WITHIN 24 HOURS REQUIRE HALF PAYMENT FOR THE APPOINTMENT.**

Signature

Date