



Childers Counseling Service
Located on the Country Club Plaza
Kansas City, MO 64112
Web: www.ChildersCounselingService.com
Phone: 816-892-0803
E-mail: Martha@ChildersCounselingService.com

Intake Form

Name _____ Date _____

Address _____

Occupation _____ Employer _____

Date of Birth _____ Age _____ Gender male female

Phone (home) _____ Phone (cell) _____ Phone (work) _____

E-mail address _____

What is the best way to leave a confidential message? _____

Who referred you to us or how did you hear about us? _____

Emergency contact: Name _____ Relationship _____

Phone _____ Address _____

Primary Care Physician _____

Psychiatrist _____

Are you taking any medications? _____

Are you taking any supplements? _____

How do you grade your:

Physical health?

excellent good fair poor getting worse getting better

Emotional/Mental health?

excellent good fair poor getting worse getting better

Mental health treatment history: _____

Family history of emotional problems: _____

Have you ever had a concussion or brain injury? _____

Do you have a history of drug or alcohol abuse? Explain: _____

Religious/spiritual history: _____

Ethnicity (yourself) _____ (mother) _____

(father) _____ (significant other) _____

Marital/relationship history _____

Level of education _____

Relocation history _____

Tell me about your family of origin (parent marriage) _____

(number of siblings) _____ (your birth order) _____

(other significant information) _____

What role do animals play in your life? _____

Have you experienced domestic violence? physical : sexual : financial : threats :

intimidation : emotional : isolation : using children : using power position

Is there anything else you wish to tell me that you feel relates to your visit? _____

What brings you in for help? _____

How long have you had the problem(s)? _____

Why did you decide to seek help now? _____

What other ways have you tried to deal with this problem? _____

Check any of the following that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Thoughts of suicide or death | <input type="checkbox"/> Nervousness/anxiety | <input type="checkbox"/> Thoughts of harming others |
| <input type="checkbox"/> History of attempts to kill yourself | <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Trouble controlling your temper |
| <input type="checkbox"/> Cutting or otherwise hurting yourself | <input type="checkbox"/> Trouble concentrating | <input type="checkbox"/> Violence toward others |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Reliving traumatic events |
| <input type="checkbox"/> Feelings of hopelessness | <input type="checkbox"/> Phobias | <input type="checkbox"/> Hearing voices |
| <input type="checkbox"/> Large weight gain or loss | <input type="checkbox"/> Feeling tense | <input type="checkbox"/> Feeling empty |
| <input type="checkbox"/> Trouble getting to sleep | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Waking during the night | <input type="checkbox"/> Irritability | <input type="checkbox"/> Feeling empty |
| <input type="checkbox"/> Waking early every day | <input type="checkbox"/> Feeling overwhelmed | <input type="checkbox"/> Problems at work |
| <input type="checkbox"/> Inability to make decisions | <input type="checkbox"/> Irritability | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Excessive guilt | <input type="checkbox"/> Tinging or numbness | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Seeing things others don't | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> History of sexual abuse |
| <input type="checkbox"/> Frequent crying | <input type="checkbox"/> Excessive worrying | <input type="checkbox"/> Family problems |
| | <input type="checkbox"/> Loss of energy | <input type="checkbox"/> Problems with drugs or Alcohol |
| | <input type="checkbox"/> Intrusive distressing thoughts you cannot control | |

What are your goals for therapy:

- 1) _____
- 2) _____
- 3) _____