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## **INTAKE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

BIRTH INFORMATION: Date: \_\_\_\_\_ Place: \_\_\_\_\_ Time: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

EMERGENCY NUMBER \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PREVIOUS COUNSELING/THERAPY \_\_\_\_\_

REASON FOR STARTING COUNSELING \_\_\_\_\_

GOALS (SHORT-TERM)

(LONG-TERM)

HOW COMMITTED ARE YOU TO ACCOMPLISHING YOUR GOALS?

HOW MUCH TIME ARE YOU WILLING TO DEVOTE TO THIS PROCESS?

DO YOU WANT TO BE HELD ACCOUNTABLE?

WHAT WOULD BE THE BEST POSSIBLE OUTCOME?

WHAT RESOURCES DO YOU HAVE TO HELP YOU MAKE THE CHANGES YOU DESIRE?

WHAT DO I NEED TO KNOW TO WORK SUCCESSFULLY WITH YOU?

BRIEFLY DESCRIBE YOUR LIFE STYLE.

WHAT IS WORKING IN YOUR LIFE?

IN WHAT AREA OF YOUR LIFE DO YOU FEEL MOST SUCCESSFUL?

WHAT ARE SOME SPECIAL TALENTS OR SKILLS THAT YOU FEEL PROUD OF?

WHAT ARE YOUR BEST CHARACTERISTICS?

WHAT ARE YOUR INTERESTS?

WHAT GIVES YOU SATISFACTION/PLEASURE?

HOW MUCH TIME DO YOU SPEND DOING THE ABOVE?

HOW DO YOU SPEND YOUR FREE TIME?

WHAT IS NOT WORKING IN YOUR LIFE?

WHAT STOPS YOU FROM HAVING THE LIFE YOU WANT?

WHAT DO YOU FEAR?

WHEN FEAR COMES UP, HOW DO YOU DEAL WITH IT?

WHAT MAKES YOU ANGRY?

HOW DO YOU DEAL WITH IT?

WHAT IS THE MOST UPSETTING SITUATION IN YOUR LIFE NOW?

HOW ARE YOU COPING WITH IT?

WHAT DO YOU VALUE THE MOST?

HOW MUCH TIME DO YOU DEVOTE TO IT?

## **FAMILY HISTORY**

WHERE DID YOU GROW UP?

FATHER'S NAME:

AGE:

OCCUPATION:

HOW WOULD YOU DESCRIBE YOUR FATHER?

WHAT IS YOUR CURRENT RELATIONSHIP TO YOUR FATHER?

MOTHER'S NAME:

AGE:

OCCUPATION:

HOW WOULD YOU DESCRIBE YOUR MOTHER?

WHAT IS YOUR CURRENT RELATIONSHIP TO YOUR MOTHER?

TO WHICH PARENT ARE YOU THE CLOSEST?

MARITAL STATUS OF PARENTS:

CURRENT HEALTH OF PARENTS:

BROTHERS/SISTERS: NAME/AGE

WHERE DO YOU STAND IN THE BIRTH ORDER?

TO WHOM ARE YOU THE CLOSEST?

DESCRIBE YOUR RELATIONSHIP TO YOUR SIBLINGS.

HOW WERE FEELINGS EXPRESSED IN YOUR FAMILY OF ORIGIN?

WHAT WAS THE GENERAL ATMOSPHERE IN YOUR HOME AS YOU WERE GROWING UP?

WHO MADE THE RULES IN YOUR FAMILY OF ORIGIN?

WHAT WERE SOME OF THE FAMILY RULES ? (SPOKEN AND UNSPOKEN)

WHAT HAPPENED WHEN YOU BROKE THE RULES?

HOW DID YOUR PARENTS SOLVE DISAGREEMENTS?

WHO IN YOUR FAMILY WAS AFFECTIONATE?

WHO RECOGNIZED YOU AS A SPECIAL PERSON AS YOU WERE GROWING UP?

WAS THERE A PARTICULAR PERSON WITH WHOM YOU FELT SAFE?

EARLIEST CHILDHOOD MEMEMORY:

IS THERE A FAMILY HISTORY OF:                      IN WHOM?

ALCOHOLISM:

GAMBLING:

EATING DISORDERS:

DRUG ABUSE:

GAMBLING:

DEPRESSION:

MENTAL ILLNESS:

SUICIDE:

PHYSICAL ABUSE:

SEXUAL ABUSE:

CHRONIC ILLNESS:

## **MEDICAL HISTORY**

CHRONIC/SERIOUS ILLNESSES:

CHILD:

ADULT:

HOSPITALIZATIONS:

ACCIDENTS:

CURRENT MEDICATIONS:

DIET:

SUPPLEMENTS:

USE OF STIMULENTS:

USE OF STREET DRUGS:

USE OF ALCOHOL:

FOOD PREFERENCES:

KNOWN ALLERGIES:

KNOWN ADDICTIONS:

EATING DISORDERS:

ANY RECENT CHANGE IN EATING HABITS?

SLEEP PATTERNS (# OF HOURS, INTERRUPTIONS, ETC):

WHAT DO YOU DO FOR EXERCISE?

HOW DO YOU FEEL ABOUT YOUR BODY?

## **PERSONAL HISTORY**

EDUCATION:

OCCUPATION:

HOW LONG IN CURRENT POSITION?

DOES YOUR PRESENT OCCUPATION SATISFY YOU?

WHY/WHY NOT?

SIGNIFICANT OTHER:

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP?

CHILDREN: (NAMES/AGES)

NUMBER OF CHILDREN LIVING AT HOME:

DESCRIBE YOUR HEALTH:

PHYSICAL:

EMOTIONAL:

SPIRITUAL:

RELATIONAL:

ANY MEMORY OF PAST TRAUMAS? (SEXUAL ABUSE, PHYSICAL ABUSE, ACCIDENTS, ETC)

DO YOU EXPERIENCE ANY OF THE FOLLOWING:

INSOMNIA:

DEPRESSION:

PROBLEM RELATIONSHIPS:

PHYSICAL PROBLEMS:

FLASHBACKS:

NUMBING:

DIFFICULTY CONCENTRATING:

DISTRESSING DREAMS:

HOW DO YOU DEAL WITH YOUR SYMPTOMS?

HAVE YOU EVER MADE AN ATTEMPT ON YOUR LIFE?

HAVE YOU EVER TRIED TO PURPOSELY HARM YOURSELF OR SOMEONE ELSE?

HOW DO YOU TAKE CARE OF YOURSELF?

FRIENDS/SUPPORT SYSTEM:

SOCIAL ACTIVITIES:

DESCRIBE YOUR SPIRITUAL LIFE/RELATIONSHIP TO GOD:

IN ONE TO TWO SENTENCES, DESCRIBE WHAT IS MOST IMPORTANT TO YOU REGARDING:

WORK:

RELATIONSHIP:

SPIRITUALITY:

WHAT DO YOU FEEL IS YOUR MAJOR LIFE LESSON?

DESCRIBE ANY UNUSUAL/OUTSTANDING EVENTS IN YOUR LIFE.

IF MONEY AND WHAT PEOPLE THINK WERE NOT AN ISSUE, HOW WOULD YOU LIVE YOUR LIFE?

ANYTHING FURTHER YOU WOULD LIKE TO ADD?