**Client Intake Form**

**Please complete this form and email it as an attachment to** [**seanryancounseling@gmail.com**](mailto:seanryancounseling@gmail.com)**.**

**Or print it, fill it out, and bring it with you to your initial consultation.**

**To begin getting to know you and to understand the context of your life, please take the time to complete this questionnaire.  If you are here for couple’s therapy please list both your names under “Client Name.”  If you are here for your child/teen, then list his/her name on the first line and the parents’ names on the next two lines.**

**Current Date:**

**Client Name: Date of Birth:**

**1.**

**2.**

**Contact Information**

**Phone:**  
**Email:**

**Address:**

**Career & Education**  
  
**Current Occupation**

**Any struggles at work?**

**Highest Grade/Degree Completed:**    
  
  
**Biggest Struggles in School?**

**Medical/Biological**  
  
**Past or present medical issues and any current medications you are currently taking? If so, please describe:**     
  
  
  
**Health is a holistic affair. Please describe your, diet, exercise, and sleep. Any problems in these areas?**

**Mental Health**  
  
**Have you ever seen a counselor/therapist before?  Please list the time period, reasons for treatment, and your overall experience.**

**Reason(s) for Coming to Counseling:**

**What is the biggest struggle in your life at present?**  
  
  
  
  
  
**What do you hope to accomplish in therapy?**  
  
  
  
  
**What is your biggest concern/worry about therapy?**

**Any history of alcohol or substance abuse for you or anyone in your family?**

**Any family history of physical, sexual, and/or emotional abuse?**  
  
  
  
  
**Is there any history of suicide in your family?**

**Are you having or have you ever had suicidal thoughts?   Plans?  Attempts?**

**Social-Recreational**  
  
**What kinds of friends/support system do you (or your family) have?**

**Do you have a passion? What do you or you and your family do for recreation? And how often?**   
  
  
  
  
  
**Do you or any family members have any history with police or criminal justice system?**

**World View**

**Briefly, describe your world view/religion/spiritual orientation and the role it plays in your or your family's life.**

**What are your core values?**

**Does your ethnic background play a significant role in your life or your families? If so, please describe:**