# REACHING PEACE COUNSELING
# MICHELLE GRAY HEINHOLD, LCSW
# ADULT INTAKE FORM

Today's date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Main Phone Number _____

Okay to leave a message? Yes No

Email address _____

Okay to contact you by email? Yes No

Any restrictions on messages _____

Birth Date _____ Age _____

Marital Status _____ If married, how many years? _____

Any previous marriages? Yes No If yes, how long?_____

Do you have children? Yes No

If yes, how many and what are the ages and sex? _____

Are all of your children from your present marriage? _____

_____

Who is living in the home with you _____

Current occupation _____

Company Name _____

Emergency Contact and phone number _____

Emergency contact relationship to you _____

Who referred you here _____

Name of Physician _____

Are you seeing a Psychiatrist?_____

List all medications you are currently taking _____

_____

List any physical health issues _____

_____

List any hospitalizations, outpatient treatment or inpatient treatment _____

_____

Do you have a family history of (please circle all that may apply):

Alcoholism

Substance Abuse or drug addiction

Suicide or Suicide attempts

Depression (Major, Bipolar Disorder)

Physical, sexual and/or emotional abuse

Psychotic Disorders

Please list any history of trauma (for example, abuse, car accident, sexual assault, robbery, death or witnessing someone else's event) _____

_____

_____

_____

If you smoke (cigarettes, marijuana), how often on a daily basis? _____

_____

If you drink alcohol, what kind and how much do you drink on a daily basis?

_____

Do you use illicit drugs? Yes No

Please describe your eating habits _____

_____

_____

Do you exercise, and if so, what kind of exercise? _____

_____

How often do you exercise? _____

What are your religious or spiritual beliefs? _____

_____

What are your goals for therapy? What do you hope to achieve? _____

_____

_____

_____

How long do you anticipate being in counseling? _____

_____