

Shelley Watson, LPC

Adult Counseling Intake Information

The following information helps me learn a lot about you very quickly and will become a part of your confidential record. Please bring the completed form with you to your first appointment.
Alternatively, you are welcome to email the form back to me, but please be aware that I cannot guarantee the confidentiality of email communication.

Date
Briefly describe the reason for your appointment.

First Name	M.I.	Last Name
Preferred Name	Date of Birth	Gender
Street		Apt/Unit
City	State	ZIP
Cell Phone	OK to leave message? Y N	
Email	Marital Status SINGLE MARRIED OTHER	
Referred By	OK to thank referral? Y N	

Emergency Contact	
Name	Relationship
Phone	

Occupation	
Occupation	
Employment Status	EMPLOYED STUDENT OTHER
Employer	Hrs/wk
Describe any other significant job-related information (layoffs, career change, etc.).	

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern					Extreme Concern

	Abuse		Marital Concerns
	Alcohol Use		Medical/Physical Issues
	Attention Deficit (ADHD)		Parenting
	Anger		Panic Attacks
	Anxiety/Fear/Nervousness		Pornography
	Compulsive Behavior		Relationship Difficulties
	Cutting/Self-injury		Spiritual Concerns
	Depression/Sadness/Unhappiness		Social Anxiety
	Drug Use		Sexual Concerns
	Eating Concerns		Sexual Addiction
	Family Concerns		Stress
	Financial Concerns		Suicidal Thoughts
	Gambling		Work
	Loss/Grief		Other:

Family of Origin Enter the names of all the people in your immediate family GROWING UP, including parents, stepparents, and siblings. Include grandparents who were significant to you as well.			
Relationship	Name	Occupation	Age

My parents	STAYED/ARE MARRIED	DIVORCED	Your age when they divorced
Deceased Family Members (your age when deceased)			

Spouse/Partner/Significant Others & Children			
Enter the names of other significant adults in your life and your children. Include spouses, ex-spouses, partner, current boy/girlfriend, children, stepchildren, etc.			
Relationship	Name	Occupation	Age
Deceased Significant Others & Children (your age when deceased)			

Spirituality

Religious/Spiritual Affiliation

Church

Describe any other significant information about your spiritual attitudes and history.

Medical

Briefly describe any medical problems you currently have or being treated for.

Primary Care Physician

PCP Phone

Psychiatrist

Psychiatrist Phone

List any doctors you have seen in the last 90 days.

List any allergies you have.

Prescription Drug/OTC/Supplement Name	Dosage	# / Day	Prescribing Physician

Psychological

List any previous psychological diagnosis (year diagnosed). May include ADHD, Bipolar Disorder, Major Depressive Disorder, etc.

Have you ever been hospitalized for an emotional or mental health reason, including addiction? YES NO

If yes, list the location, year and reason for each hospitalization.

Have you ever attempted suicide? YES NO Do you currently have suicidal thoughts? YES NO

Previous Therapist/Counselor	Reason	Year(s)

Substance Use: What substances have you used in the past 90 days?

	Alcohol		Inhalants
	Amphetamines		Hallucinogens (LSD, PCP, mushrooms, etc.)
	Benzodiazepines		Marijuana
	Caffeine		Methamphetamine
	Cocaine		Nicotine
	Ecstasy		Pain Pills
	Heroin		Other:

Legal

List any pending legal charges you have against you or open cases* that involve you.

*If you are currently on probation, I will need documentation of the conditions of your probation.

Other

Please include any other information you think may be pertinent to our work together.

I have read the Counseling Informed Consent and voluntarily request counseling services from Shelley Watson, LPC in accordance with the terms described on the Informed Consent document. My signature below attests to the accuracy of the above information and my agreement to these terms.

Signature _____

Date _____

Please Complete the Following Sentences

- 1.) The most important thing to me is _____
- 2.) I worry about _____
- 3.) What I do best is _____
- 4.) I have sometimes felt guilty about _____
- 5.) What makes me angry is _____
- 6.) My biggest mistakes were _____
- 7.) My job _____
- 8.) What makes me nervous is _____
- 9.) My personality would be better if _____
- 10.) I often felt that my mother _____
- 11.) My temper _____
- 12.) My childhood _____
- 13.) My biggest disappointment _____
- 14.) To me, sex is _____
- 15.) I would be better liked if _____
- 16.) I often felt that my father _____
- 17.) God to me is _____
- 18.) My children (child) (brothers and sisters) _____
- 19.) Women are _____
- 20.) What hurts me most is _____
- 21.) My biggest problem in life is _____
- 22.) Men are _____