

COUNSELING INTAKE FORM

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Name _____ Age _____ Date _____

Full Address _____

Date of Birth _____

Home Phone _____ May I leave a message? Y N

Work Phone _____ May I leave a message? Y N

Cell Phone _____ May I leave a message? Y N

Email address: _____

Physical History

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? Y N Describe _____

Have you ever been hospitalized for a mental illness? Y N Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much per day? _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Family Systems Information

Where born _____ How long there _____ Ethnicity _____

Parents: Father alive _____ Where residing _____ Relationship _____

Mother alive _____ Where residing _____ Relationship _____

Marital Status _____ #of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

#7 M F Age _____ #8 M F Age _____

Family Alcoholism? _____ Family substance abuse? _____

Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life? _____ Why or why not _____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions? _____ How well does that work for you? _____

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide _____ If so, when _____ Do you have any thoughts now? Y N

Present Situation

Please state why you decided to come for counseling/therapy now _____

What is the nature of your situation and how long has it been a problem? _____

What would you like to experience that is different from what you are experiencing now _____

Write anything else in the space below that you think would be helpful for me, as your therapist, to know.