

**Organization Name**  
Intake Document

0000 W Anonymous Rd  
Anytown, USA 00000  
000.000.0000 W  
000.000.0000 F

Name Eliza D Date            DOB            Age 18  
School/Work City University  
Current Living Arrangements: (City/With Whom) Dorm with friends  
Reason for seeking counseling at this time I have to be here

**PRESENTING PROBLEMS:**

(Check Symptoms that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol or Drug Abuse          | <input type="checkbox"/> Irritability                   |
| <input type="checkbox"/> Anger                          | <input checked="" type="checkbox"/> Low Self Esteem     |
| <input checked="" type="checkbox"/> Anxiety/Stress      | <input type="checkbox"/> Medical Physical Complaints    |
| <input type="checkbox"/> Compulsive behaviors           | <input type="checkbox"/> Memory Difficulties            |
| <input type="checkbox"/> Confusion                      | <input type="checkbox"/> Repeated bothersome thoughts   |
| <input type="checkbox"/> Depression/Sadness             | <input type="checkbox"/> Sleep Difficulties             |
| <input type="checkbox"/> Fears/Worries                  | <input type="checkbox"/> Suicidal Thoughts              |
| <input type="checkbox"/> Hallucinations                 | <input type="checkbox"/> Trouble thinking/Concentrating |
| <input type="checkbox"/> Hopelessness                   | <input type="checkbox"/> Weight gain or loss            |
| <input type="checkbox"/> Impulses to hurt self or other | <input type="checkbox"/> Other _____                    |

**Family Information:**

Family Members	Names	Occupation (Parents/Spouse)	Status of Relationship?
Mom	Joan	Elementary Secretary	Okay
Dad	Burt	Truck Driver	Good
Stepmom			
Stepdad			
Spouse			
Significant Other			
Sibling(s)		Age	
		Age	
		Age	
		Age	

**Life Stressors:**

- |   |  |
|---|--|
| <input type="checkbox"/> recent losses/deaths | <input type="checkbox"/> difficult relationships |
| <input type="checkbox"/> loss of job(s)       | <input type="checkbox"/> financial               |
| <input type="checkbox"/> separation/divorce   | <input type="checkbox"/> moves/change of school  |
| <input type="checkbox"/> legal problems       | <input type="checkbox"/> abuse/trauma            |

Current Medications for Mental Health: none

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