



michelle@envisioncounseling.net | P: 206.858.1177 ext. 25 | www.envisioncounseling.net

NEW CLIENT INFORMATION
Individual Therapy Intake Form
(13 Years or Older)

To be completed by the individual client. Clients who are between ages 13 and 18 please seek parent/guardian assistance where needed. Please sign and date where indicated.

Name _____	DOB ____/____/____	Age _____
Race/Ethnicity _____	Gender _____	
Preferred Phone _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work Other: _____
Email _____		
Preferred Communication:	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email
Okay to leave a message on my:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other
Residential Address _____		
City _____	Zip _____	
May I send mail to this address?	Yes	No
May I use your email to confirm appointments?	Yes	No
Employer _____		
Type of Work _____		
Relationship Status	Single /Married /Partnership /Divorced /Separated /Widowed /Other	
Emergency Contact _____	Phone _____	
Relationship _____		

Julie's Landing on Lake Union
2100 Westlake Ave N., Suite 201
Seattle, WA 98109

Canyon Park Business Center
22125 17th Ave SE, Bldg. F, Suite 101
Bothell, WA 98021

Cabrini Medical Towers
901 Boren Ave, Suite 1020
Seattle, WA 98104

I. PROBLEM HISTORY & PRESENTING CONCERN

A. What prompted you to seek therapy at this time?

B. How are you affected by the problem?

C. Who else might be affected by the problem and how?

D. If the problem were resolved, how would you know? What would be different?

E. Please describe your strengths. _____

F. Please describe your challenges or struggles. _____

G. Please describe your goals for therapy. _____

H. Have you ever been in therapy before? ___ Yes ___ No

With whom? _____

How would you describe your past experience in therapy? _____

II. PERSONAL HISTORY

A. Describe current living situation (household members, living situation, length of time in home):

Do you ever feel unsafe at home? If you do not feel safe, please explain: _____

Do you have any concerns about the way anger is handled in your relationship/family/living situation now? If yes, please explain. _____

B. Children (if applicable)

Name	Age	Gender	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Education

D. Employment (if applicable)

What kind of work have you done in the past?

What kind of work are you doing now?

Are you satisfied with your current work situation? ____ Yes ____ No

If no, briefly describe why:

Are there other sources of income (government benefits, retirement, trust fund, etc)?

E. Stress & Self-Care

Who do you go to when you feel upset? _____

What do you do to relax and/or care for yourself? _____

What stresses you out? _____

How do you cope with stress? _____

III. PHYSICAL & MENTAL HEALTH HISTORY

How would you describe the current state of your health? _____

Do you have or have you ever had:

- Epilepsy
- Abdominal/digestive problems
- Diabetes
- Heart Problems
- Severe headaches
- High blood pressure
- Surgery
- Drug use
- Alcohol use
- Depression
- Lack of motivation
- Mental Illness
- Mood Swings
- Compulsions
- Sleep disturbances
- Concentration problems
- Aggressive behavior
- Crying
- Nervous tics
- Flashbacks
- Withdrawal/isolation
- Anxiety
- Panic attacks

- Breathing problems
 - Under-eating
 - Over-eating
 - Vomiting
 - Other eating problems
 - Sexual problems
 - Tobacco Use
- Temper outbursts
 - Over work
 - Chronic unemployment
 - Phobic reactions
 - Submissive behavior
 - Impulsivity
 - Obsessive thoughts
- Hypervigilance
 - Over spending
 - Loss of control
 - Other, please explain:

Current Medications:

Have you ever had suicidal/homicidal thoughts? ___ Yes ___ No

If yes, please explain: _____

Have you ever had a suicide/homicide plan? ___ Yes ___ No

If yes, please explain: _____

Have you ever attempted suicide? ___ Yes ___ No

If yes, please give date(s) and circumstances: _____

Have you ever attempted to harm someone else? ___ Yes ___ No

If yes, please explain: _____

Are you thinking about suicide now? ___ Yes ___ No

If yes, please explain: _____

Are you thinking about hurting someone else now? ___ Yes ___ No

If yes, please explain: _____

IV. Alcohol and Substance Use

Have you ever been treated for alcohol or drug dependence/abuse?

Yes No

Have you ever felt like you should cut down on alcohol or other drug use?

Yes No

Has a friend or relative ever discussed concerns about your drug use?

Yes No

Is there a history of problem with alcohol or drug use in your family?

Yes No

Have you received help for drug or alcohol dependency? Yes No

When? _____ Where? _____

Check one: Treatment was helpful not helpful. Please explain.

V. FAMILY HISTORY

Has any member of your family had any of the following? (please specify who)

- Drinking problem: _____
- Drug problem: _____
- Depression: _____
- Depression with highs and lows: _____
- Mental illness: _____
- Incarceration: _____
- Angry/abusive: _____
- Abused as a child: _____
- Suicidal/Suicide attempt: _____

Childhood

What role did (or do) you have in your family?

Please describe your developmental history. Did you struggle with meeting developmental timelines and/or a learning difficulty?

Did (or do) you struggle with behavior problems as a child or a teenager?

Do you remember seeing anything happen in your family that scared you? If so, explain.

How did (or do) your parents/caregivers get along? _____

Were you or any of your family members abused in any way or mistreated? _____

VI. RELATIONSHIP HISTORY

Describe current relationship: _____

Have you ever been or are you currently concerned about harming your partner? If yes, please explain:

Have you ever felt afraid of your partner? If yes, please explain:

VII. LEGAL ISSUES

EPOs, Criminal Charges, Incarceration, Custody and Divorce issues, CPS/APS – past and present

Please describe any legal issues with which you are involved currently or in the past.

VIII. SOCIAL SUPPORT

Describe your peer/social groups/friendships: _____

Have your parents, relatives or friends interfered with your job, school or relationship activities? If yes, briefly explain: _____

How comfortable do you feel in social settings?

____ Very relaxed ____ Relatively relaxed ____ Relatively uncomfortable
____ Very uncomfortable

Explain: _____

What kinds of activities do you engage in for fun? _____

IX. ABUSE HISTORY

Has anyone hurt you, or done anything to you that made you feel bad about yourself?

X. SPIRITUAL ASSESSMENT

What was your religion/faith experience as a child?

What is your religion/faith experience now?

How has your life experience led you to make sense of your world?

By signing below, I confirm the information I provided on this document to be complete and truthful to the best of my knowledge.

Client Name (please print) _____

Signature of Client _____
(or authorized representative)

Date _____