Juliet West Counseling Adult Intake

Name:		Date:					
Address:			-				
		4					
		(hers)_					
Telephone:	()4()		(coll)				
May we call you	(W) at your home?	Yes No	(cell)				
May we call you	-						
May we call you May we write yo							
May we write yo							
Person to contac	t in case of eme	rgency					
Phone #							
		— ried, Divorced, W	dowed				
Circle all trial ap	ipty. Single, Man	ilea, Divorcea, w	dowed				
Former/Present	Marriage(s)						
(years):							
Children/Sten (n	ames/ages).						
Cilitareni/Step (ii	airies/ ages/						
Past/Present Me	dical Care (spec	ify major problem	s, hospitaliza-				
tions):							
Are you currently	y on medication	Yes No					
Medication	Dosage	— — Physician	Purpose				
Medicación	Dosage	Tilysician	i di pose				
Past/Present Cou	•						
Therapist:		Date:					
Therapist:		Date:	Phone:				
Would you consid	der vourself a Ch	oristian? (v/n) Ar	e you a member of a				
			e you a member or a				
(),							
What are you see	eking help for?:						
	-						

How much are you troubled by this?						
Constantly	Often	Somewhat	t	Not Very Much		
Please rate the following a big issue, 5-a severe is:		an issue at a	all, 2-somet	imes an issue, 3-an iss	ue, 4-	
Work	_Children	Depre	ssion	Jealousy		
Alcohol	_Intimacy	Violen	ce	Self-Image		
Anger	_Sex	Parent	ts	In-laws		
Time together	_Trust	Porno	graphy	Control		
THOUGHTS AND BEHAVIO	PRS					
Please check how often t	the following tho	ughts occur	to you:			
 Life is hopeless I am Lonely No one cares about me I am a failure Most people don't like me 	Never Never Never	— Rarely Rarely Rarely — Rarely — Rarely	— Sometim — Sometim — Sometim — Sometim	es — Frequent esFrequent nes — Frequent	ily Ily Ily	
 I want to die I want to hurt someone I am so stupid I am going crazy I cant concentrate 	— Never Never — Never —	— Rarely Rarely Rarely — Rarely — Rarely	— Sometin — Sometin — Sometin — Sometin — Sometin	nesFrequent nesFrequent nesFrequent	ly ly ly	
 I am so depressed God is disappointed in me I cant be forgiven Why am I so different I cant do anything right 		— Rarely Rarely Rarely — Rarely — Rarely	SometingSometingSometingSometingSometing	les — Frequent lesFrequent les — Frequent	lly lly lly	
 People hear my thoughts_ I have no emotions Someone is watching me I hear voices in my head I am out of control 	Never	Rarely — Rarely Rarely Rarely — Rarely	Sometim Sometim Sometim Sometim	nes — Frequent nesFrequent nesFrequent	lly lly lly	

Please comment (e.g. examples, frequency, duration, effects on you?) About each of the above thoughts that occur frequently or are a concern to you. Use the back of this sheet i necessary.
In your family, has there been a history of: (circle all that apply) Alcoholism, Drug use, Physical Abuse, Sexual Abuse, Depression Describe your sleeping habits:
What are your top three priorities during counseling (in descending order) 1.
2
3
For counselor use only:
1.
2.
3.