

Juliet West Counseling Adult Intake

Name: _____ Date: _____

Address: _____

Age: (his) _____ (hers) _____

Telephone: _____

(H) _____ (W) _____ (cell) _____

May we call you at your home? Yes No

May we call you at your office? Yes No

May we write you at your home? Yes No

May we leave a message at your home? Office?

Referral by: _____

Person to contact in case of emergency _____

Phone # _____

Circle all that apply: Single, Married, Divorced, Widowed

Former/Present Marriage(s)

(years): _____

Children/Step (names/ages): _____

Past/Present Medical Care (specify major problems, hospitalizations): _____

Are you currently on medication? Yes No

Medication	Dosage	Physician	Purpose
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Past/Present Counseling:

Therapist: _____ Date: _____ Phone: _____

Therapist: _____ Date: _____ Phone: _____

Would you consider yourself a Christian? (y/n) Are you a member of a church? (y/n) Church name _____

What are you seeking help for?:

How much are you troubled by this?

_____Constantly _____Often _____Somewhat _____Not Very Much

Please rate the following from 1-5 (1-not an issue at all, 2-sometimes an issue, 3-an issue, 4-a big issue, 5-a severe issue)

___Work ___Children ___Depression ___Jealousy
___Alcohol ___Intimacy ___Violence ___Self-Image
___Anger ___Sex ___Parents ___In-laws
___Time together ___Trust ___Pornography ___Control

THOUGHTS AND BEHAVIORS

Please check how often the following thoughts occur to you:

- | | | | | |
|------------------------------|-----------|------------|---------------|----------------|
| 1. Life is hopeless | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2. I am Lonely | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3. No one cares about me | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4. I am a failure | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5. Most people don't like me | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| | | | | |
| 1. I want to die | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2. I want to hurt someone | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3. I am so stupid | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4. I am going crazy | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5. I cant concentrate | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| | | | | |
| 1. I am so depressed | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2. God is disappointed in me | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3. I cant be forgiven | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4. Why am I so different | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5. I cant do anything right | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| | | | | |
| 1. People hear my thoughts | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2. I have no emotions | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3. Someone is watching me | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4. I hear voices in my head | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5. I am out of control | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

