

# Intake Information DaHarb Counseling

Date \_\_\_\_\_

If you are seeing me individually please fill out the information for your spouse/partner if they are living with you or you are divorced sharing custody.

Partner #1 \_\_\_\_\_ Partner #2 \_\_\_\_\_

Marital status (check all that apply):  Single  Living together  Married  Separated  Divorced  Widowed

How long have you been together (years)? \_\_\_\_\_

#1 Past marriages? # \_\_\_\_\_ Children from past relationships? # \_\_\_\_\_

#2 Past marriages? # \_\_\_\_\_ Children from past relationships? # \_\_\_\_\_

## Besides spouse/partner who lives with you?

Name	Age	Relationship

## List Children not living with you

Name	Age	Relationship

Pets \_\_\_\_\_

Ethnic/Cultural background: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Current Spiritual/Religious identification: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Current Hobbies/Interests: #1 \_\_\_\_\_

#2 \_\_\_\_\_

What recreational activities do you enjoy together? \_\_\_\_\_

## Employment:

Employment status

#1 \_\_\_\_\_ Full or Part time, Do you Travel for Work? \_\_\_\_\_

#2 \_\_\_\_\_ Full or Part time, Do you Travel for Work? \_\_\_\_\_

Approximate Annual Household Income: \_\_\_\_\_

Financial situation: Healthy/ Low income / Stressed

\_\_\_\_\_

## Health History:

Current Health Concerns: #1 \_\_\_\_\_

#2 \_\_\_\_\_

Current Medications: #1 \_\_\_\_\_

#2 \_\_\_\_\_

Frequency & Types of Exercise? #1 \_\_\_\_\_

#2 \_\_\_\_\_

Do you eat well? Scale of 1-10 (1 being unhealthy) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Do you sleep well? Scale 1-10 (1 being unhealthy) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Date of last Medical Check-up: #1 \_\_\_\_\_ #2 \_\_\_\_\_

How many glasses/shots of alcohol do you have per week?

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#1 \_\_\_\_\_ Marijuana? \_\_\_\_\_

#2 \_\_\_\_\_ Marijuana? \_\_\_\_\_

Drugs (street or prescription) you have used in the past 6 months (please list):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Have you ever been treated for Substance Dependence or Addiction?

#1(Y/N & Year) \_\_\_\_\_

#2(Y/N & Year) \_\_\_\_\_

### Counseling History:

#### Individual Counseling

#1(Y/N) \_\_\_\_\_

Positive or Negative experience? \_\_\_\_\_

#2(Y/N) \_\_\_\_\_

Positive or Negative experience? \_\_\_\_\_

**Previous Couples Counseling** (Year Received) \_\_\_\_\_, Positive or Negative experience? \_\_\_\_\_

For? \_\_\_\_\_

Is there any history with law enforcement or domestic violence charges?  
\_\_\_\_\_

Are you Currently involved with the courts with this relationship or past relationships? \_\_\_\_\_

#### Previous Psychological Evaluation?

#1 (Y/N) Date(M/Yr)\_\_\_\_ Diagnosis: \_\_\_\_\_

#2 (Y/N) Date(M/Yr)\_\_\_\_ Diagnosis: \_\_\_\_\_

Have you ever thought about physically harming yourself or committing suicide?

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Do you **currently** have these thoughts?

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Have you **ever** thought about physically harming other people?

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Do you **currently** have these thoughts?

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Do you **currently** feel threatened or in danger of being physically or emotionally harmed by another person? \_\_\_\_\_

#1 \_\_\_\_\_ #2 \_\_\_\_\_

What else might be helpful for me to know?

What is your reason for seeking counseling at this time?

What do you hope to accomplish by participating in therapy?