



CRAFTSMAN COUNSELING

Adult Intake Information

Client's Full Name: _____

Client's Date of Birth: _____

Client's Address: _____

City, State, Zip Code: _____

Can mail be sent? Y N

Client's Phone Number: _____

Cell Home Work Can messages be left? Y N

Alternate Phone Number: _____

Cell Home Work Can messages be left? Y N

Email Address: _____

Can email be sent? Y N

Emergency Contact Name: _____

Emergency Contact Number: _____

Relation to Client: _____

Please take the time to fill out this form in its entirety.
 Your answers on the following pages will help me give you the best possible care.

Family Information

Please list everyone living in your home and other significant family members:

Name	Relationship	Age	Health Concerns	Comments
	Mother			
	Father			

Medical Information

From whom or where do you get your medical care?

Clinic/Doctor's name: _____ Phone: _____

Address: _____

Current medication:

Medication	Strength	Dosage	Length Taken	Side Effects

Significant medical problems and/or diagnoses? Yes No

If yes, provide the description of problem(s):

Have you ever been hospitalized for a mental illness? Yes No

If yes, provide the description of problem(s):

Work History

Occupation: _____

Do you like your job? Yes No

If unemployed, describe the situation: _____

Hobbies/Interests: _____

Emotional Status

What are you seeking help for at this time? _____

How much are you troubled by this?

Circle one: constantly often somewhat not very much

Are you struggling with suicidal thoughts? Yes No If yes, how often? _____

Circle one: constantly often somewhat not very much

Have you tried to commit suicide in the past? Yes No If yes, when? _____

What would you like to accomplish with counseling? _____

What kind of obstacles could get in the way? _____

Have you been in therapy before or received any prior professional assistance for your concerns?

If so, please give dates of treatments and results:

To the best of my knowledge, the information provided is accurate and true.

Signature of Client / Guardian Date