STUDENT COUNSELING SERVICES

Intake Form

WASHINGTON STATE UNIVERSITY TRI-CITIES

Name _____ Date_____

ALL NEW CLIENTS ARE ENCOURAGED TO FILL OUT THIS FORM BEFORE THE FIRST SESSION. YOUR INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR YOUR BENEFIT.

Birth Date_____ Place of Birth _____

Where were you raised? _____

Phone: _____E-mail: _____

With whom do you live? _____

Have you served in the military? ❑ Yes ❑ No

What is your major_____ Year of Study_____

How would your teachers describe you? _____

_____

What is the problem that brought you to my office today? _____

_____

What would you like to accomplish in therapy? _____

_____

Have you ever consulted a mental health professional? ❑ Yes ❑ No

Who and what was the problem? _____

_____

_____

Who is your primary care physician?_____

Please list all the medications you are taking at this time._____

_____

_____

Briefly describe your relationship with your family (mother, father, siblings)_____

_____

_____

_____

_____

_____

Were you raised by your biological parents? ❑ Yes ❑ No

What was your role in the family you grew up in? (examples: the good boy/girl, the scapegoat, the clown, the troublemaker) _____

Do you drink alcohol ❑ Yes ❑ No If Yes how much _____
Do you smoke ❑ Yes ❑ No If Yes how much _____
Do you have anger outbursts? ❑ Yes ❑ No
Do you suffer from feelings of inferiority? ❑ Yes ❑ No
Did you ever get in trouble with the police? ❑ Yes ❑ No
Did you ever cut yourself? ❑ Yes ❑ No
Do you bite your fingernails? ❑ Yes ❑ No
Do you suffer from insomnia or nightmares? ❑ Yes ❑ No
Do you sleep too much and do not want to get up in the morning? ❑ Yes ❑ No
Do you have dizziness, or headaches? ❑ Yes ❑ No
Do you feel depressed? ❑ Yes ❑ No
Do you have suicidal thoughts? ❑ Yes ❑ No
Have you ever attempted to hurt your self? ❑ Yes ❑ No
Do you have unusual fears? ❑ Yes ❑ No
Do you feel lonely, shy, moody? ❑ Yes ❑ No
Do you have relationship problems? ❑ Yes ❑ No

Do you prefer to be alone or with people? _____
What is your favorite activity? _____
If you could do anything what would you do? _____
_____
_____