

# COUNSELING INTAKE FORM

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Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ May I leave a message? Y N

Work Phone \_\_\_\_\_ May I leave a message? Y N

Cell Phone \_\_\_\_\_ May I leave a message? Y N

Email address: \_\_\_\_\_

## Physical History

General Health \_\_\_\_\_

Are you now under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_

Reason for doctor's care \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Reason for medication \_\_\_\_\_ Last medical examination \_\_\_\_\_

Have you ever been hospitalized for a physical illness? Y N Describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for a mental illness? Y N Describe \_\_\_\_\_  
\_\_\_\_\_

Any recent major illnesses or surgeries? \_\_\_\_\_

Any recurrent or chronic conditions? \_\_\_\_\_

Do you smoke: \_\_\_\_\_ Do you take drugs? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you drink? \_\_\_\_\_ How much per day? \_\_\_\_\_

Any Previous Therapy/Counseling? \_\_\_\_\_ If yes, describe, when, where, how long, what for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History**

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

If presently unemployed, describe the situation \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Avocations \_\_\_\_\_

**Family Systems Information**

Where born \_\_\_\_\_ How long there \_\_\_\_\_ Ethnicity \_\_\_\_\_

Parents: Father alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Mother alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Marital Status \_\_\_\_\_ #of marriages \_\_\_\_\_ Spouse's name \_\_\_\_\_

Living with a partner \_\_\_\_\_ How long \_\_\_\_\_ Partner's Name \_\_\_\_\_

Children: #1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age \_\_\_\_\_ #2 M F Age \_\_\_\_\_ #3 M F Age \_\_\_\_\_ #4 M F Age \_\_\_\_\_ #5 M F Age \_\_\_\_\_ #6 M F Age \_\_\_\_\_

#7 M F Age \_\_\_\_\_ #8 M F Age \_\_\_\_\_

Family Alcoholism? \_\_\_\_\_ Family substance abuse? \_\_\_\_\_

Sexual Addictions or Abuse? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ If yes, what year \_\_\_\_\_ Your age at the time \_\_\_\_\_

If deceased, what year? \_\_\_\_\_ Your age at the time \_\_\_\_\_ Cause of death \_\_\_\_\_

Any step-parents? \_\_\_\_\_ If yes, describe when and your relationship with them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If reared by someone other than your birth parents, describe the situation in some detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Spiritual History

Religious upbringing \_\_\_\_\_ Present Affiliation \_\_\_\_\_

Is this an important part of your life? \_\_\_\_\_ Why or why not \_\_\_\_\_

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## Emotional Status

Are you currently experiencing strong emotions? \_\_\_\_\_ If yes, describe \_\_\_\_\_

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Do you make decisions based on your emotions? \_\_\_\_\_ How well does that work for you? \_\_\_\_\_

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Did you have what you would consider to be childhood or other traumas? \_\_\_\_\_ If yes, describe \_\_\_\_\_

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Have you been treated for emotional disturbances? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had any thoughts of suicide \_\_\_\_\_ If so, when \_\_\_\_\_ Do you have any thoughts now? Y N

## Present Situation

Please state why you decided to come for counseling/therapy now \_\_\_\_\_

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What is the nature of your situation and how long has it been a problem? \_\_\_\_\_

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What would you like to experience that is different from what you are experiencing now \_\_\_\_\_

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Write anything else in the space below that you think would be helpful for me, as your therapist, to know.