

**Robyn Englert Counseling LCSW, PLLC
Client Intake Form**

Demographic Information:

Name: _____ Date of Birth: _____

Parents (s) Name (If client. is child): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

Marital Status (*circle one*): Single Engaged Married Separated Divorced
Widowed

Children(s) Name's and Ages: _____

Occupation: _____

Current Employment _____

Current Medications: _____

Referral Source: Myself Other:

Is there a specific day/time that is best for you to come to counseling?

Who should be contacted if an emergency arises?

Name: _____

Relationship: _____ Phone: _____

Concern Checklist:

Listed below you will find a list of problems people commonly face. This list surveys family, academic, social, spiritual, and other problems of everyday life. Read the list carefully and circle the item(s) that are causing you the most trouble at this time.

Anxiety

Bad dreams/Nightmares
Being overly excited
Difficulty relaxing
Feeling nervous
Racing thoughts

Sadness

Afraid of hurting self
Difficulty concentrating
Feeling overly emotional
Feeling depressed
Suicidal thoughts/behaviors

Fears

Fear of death
Fear of the failure
Fear of future
Fear of people
Irrational fears

Substance Use

Difficulty quitting addiction
Drinking too much alcohol
Fear of overdosing
Smoking too many cigarettes
Using drugs

Parents

Difficulty talking with parents
Parents constantly arguing
Parents being too strict
Parents interfering with life
Parents Separated/Divorced
Poor relationship with parents

Finances

Can't make ends meet
Can't decide on career
Spending money foolishly
Unable to find job
Worried about finding job
Worries about money

Feelings

Feeling anxious
Feeling guilty
Feeling inferior
Feeling lonely
Feeling no one likes me
Feeling sad

Spirituality

Afraid God will punish me
Confusion about God
Feeling unaccepted by God
Failure with God
Feeling abandoned by God
Inability to get to church

Anger

Difficulty losing temper
Fear that I might hurt someone
Feeling jealous

Friends

Death of close friend
Difficulty getting close w/ others
Friend emotionally upset

Health

Anorexia
Bulimia
Headaches
Lack of Energy

Self-Esteem

Being overweight
Being underweight
Being noticed for physical appearance
Eating too much

Getting into arguments

Friend attempting suicide

Lack of Energy

Getting into fights

Friend committing suicide

Lack of Sleep

Hurting other's feelings

Friend with serious illness

Racing heart

Inability to express anger
Upset about past hurts

Missing good friend(s)
Picking the wrong friends

Serious Illness
Stomachache/ulcer

Hating Self

Identity Issues
Poor eating habits

Social Situations

Awkward meeting new people
Being criticized by others
Being left out of things
Critical of others

Sexuality

Concern about sexual orientation
Dating issues
Difficulties with sexual thoughts
Difficulty getting dates

School/Work

Difficulty with supervisor/professor
Difficulties with work load
Feeling out of place
Financial worries

Guilt

Being careless
Cheating
Feeling ashamed of something
Getting into trouble

Difficulty making friends	Difficulties with sexual behavior	Getting low/failing grades	Giving into temptation
Having a bad attitude	End of relationship	Performance issues	Involved in sexual relationship
Having few hobbies	Involved in bad relationship	Missing work/school due to illness	Lacking self-control
Having strong opinions	Memories of past sexual abuse	Not in right job/major	Not being honest with others
Having little/no opinions	No sexual thoughts/behaviors	Overloaded with work	Not taking things seriously
Lacking self-confidence	Questions about sex	Poor memory for work	Stealing from others
Lack of interest in activities	Uncomfortable with other sex	Poor work/study habits	Unable to stop bad habit
Uncomfortable in situations	Sexually underdeveloped	Unable to concentrate on work	Use of pornography
Wish people liked me better	Wondering about marriage	Worries about performance/grades	Unexpected Pregnancy
Family	Other	Other Continued	Other (Please specify):
Death of family member	Acting strangely	Hearing voices	_____
Difficulty with brother/sister	Compulsive behaviors	Involved in abusive situation	_____
Family member with illness	Difficulties with reality	Little or no emotion	_____
Family member loosing job	Family history of mental illness	Loosing portions of time	_____
Feeling homesick	Feeling strange	Obsessive thoughts	_____
Poor relationship with family	Gender confusion	Self-Mutilating behaviors	_____

In your opinion, which of the following is most applicable?

1. This is a concern that would probably be resolved with one meeting. It is just a consultation or discussion to get some input from a third party. I'd like to see someone as soon as possible, but this isn't an emergency.
2. This is a concern that will probably require several sessions. I've been thinking about it for a while. I'd like to start as soon as possible (within one to two weeks).
3. This is a concern that will probably require one to several sessions. This situation is urgent, and I need to speak with a counselor within the next 24 hours.

Client Signature: _____ Date: _____