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**Intake Form for Individuals**

Please print both pages of this form, fill out the information as completely and accurately as possible, and bring it to your first counseling session. Having this information will enable us to make the most constructive use of our therapy time together. Thank you!

Legal Name: _____ Preferred Name: _____

Age: _____ Gender Identity: _____

Phone Number: _____ May I leave a voicemail? Y N

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship to You: _____

Race/Ethnicity/Cultural Identification: _____

Occupation: _____ Relationship Status: _____

Number and Ages of Children: _____ Do you have custody? Y N

Spiritual/Religious Identification: _____

How did you hear about Kelly Arthur Services? _____

What are you hoping to address in counseling? _____

_____

_____

Have you made use of counseling services in the past? If so, please describe. _____

_____

_____

Do you have any history of self-harming behaviors or suicidal thoughts? If so, please describe.

_____

_____

Is there anything significant from your medical history that you think I should know about?

_____

_____

Do you have a family history of mental health issues or substance abuse? If so, please describe.

_____

_____

What substances do you currently use, and how much/often do you use each substance?

_____

_____

What prescribed or over-the-counter medications do you currently take, and what dosage?

_____

_____

What else would you like me to know about you? _____

_____