



***Olympic Counseling***

Dan Buchanan, MA, LMHC

## Intake Form

Date: \_\_\_\_\_

**Client Name:** \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Acceptable to contact you and leave a message on (circle):

Phone: Y N Text: Y N Mail: Y N Email: Y N

Emergency contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Marital Status

Single \_\_\_\_\_ Married \_\_\_\_\_ Cohabiting \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widowed \_\_\_\_\_ Other \_\_\_\_\_

How long since separation or divorced? \_\_\_\_\_

Previous marriages, if so how many? \_\_\_\_\_

Names and ages of children:

## Education and Employment

Level of Education? \_\_\_\_\_

Occupation and length of employment? \_\_\_\_\_

If unemployed, why? \_\_\_\_\_

Have you had any challenges maintaining a job in the past? \_\_\_\_\_

\_\_\_\_\_

What was your most recent job? \_\_\_\_\_

Did you leave or lose this position? Was there conflict or challenges with your

functioning? \_\_\_\_\_

Do you wish to work now? What type of work? Are you actively looking for work?

\_\_\_\_\_

\_\_\_\_\_

## Insurance and Disability Status

Are you seeking disability? \_\_\_\_\_

If so, what type of disability is it? \_\_\_\_\_

Are you seeking a disability evaluation from me? \_\_\_\_\_

How much of a therapy fee will you receive from insurance? \_\_\_\_\_

Is the fee for therapy appropriate? Will there be any financial problems?

\_\_\_\_\_

## Referral Source

Did anyone refer you for treatment, if so why? Is someone pressuring you to be here such as a parent, spouse, judge or probation officer?

\_\_\_\_\_

\_\_\_\_\_

## Motivation for Treatment

How do you feel about being in treatment? How motivated do you feel? Why did you come to therapy at this particular time? What do you hope to accomplish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

Do you have any chronic or current medical or physical condition? Y N

*If yes, please specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any previous medical condition(s) directly related to any current challenges? Y N

*If yes, please specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications prescribed and over the counter? Y N

<i>Medication</i>	<i>Medication Purpose</i>	<i>Duration of use</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ALCOHOL AND DRUG USE

Do you smoke? Y N Started at age: \_\_\_\_\_ Quantity and frequency:

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Do you drink alcohol? Y N Started at age: \_\_\_\_\_ Drinks per week:

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Do you use other drugs (marijuana, cocaine, heroin, methamphetamines, etc.)

Y N

*Which drug(s)?* \_\_\_\_\_

Started at age: \_\_\_\_\_ Frequency and quantity:

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Treatment (years and setting):

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Any recent changes in smoking, alcohol, or drug use? Y N

Have you seen a Chemical Dependency Professional before? Y N

*If yes, when and what were your goals for treatment?*

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## Reason For Seeking Treatment

Why are you seeking treatment? Include a description of current problems, include difficulties at work and conflict in personal relationships, as well as other personal problems or stressful events.

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Please describe any symptoms such as depression, anxiety, guilt, anger, etc. Also note frequency and duration of symptoms.

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Have you ever engaged in treatment in the past? If so, did you find anything in particular helpful, and was there anything unhelpful about treatment?

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## Family History

Has any blood relatives ever had any mental health challenges such as depression, anxiety, mania, drug or alcohol abuse, suicide, etc?

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## Childhood History

Briefly describe your relationship with your mother when you were growing up. What was she like? Did you feel close to her?

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Briefly describe your relationship with you father when you were growing up. What was he like? Did you feel close to him?

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Briefly describe your relationship with your siblings when you were growing up. What were they like? Did you feel close to them? \_\_\_\_\_

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Briefly describe your relationship with friends when you were growing up? What were they like? Did you feel close to them?

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Briefly describe your relationship with teachers, police or other authority figures when growing up. Were there any difficulties?

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How did you do in school? Did you have any friends and activities? Were you motivated and hard working? Did you get into trouble or cut class?

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## Relationships

What is your closest relationship like? How long has it lasted? Are there any problems? If so, have you had problems in previous relationships?

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## Sexual, Physical or Psychological Abuse

Did you ever experience any kind of sexual, physical or psychological abuse as a child or as an adult?

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Have you ever abused another person at some point in your life?

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## Other Information

Do you have any other emotional or behavioral difficulties, such as loneliness, marital conflict, substance abuse, or work or legal problems which you have not mentioned?

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## Identity

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religion/spirituality: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

## Strength and Resiliency

What are your current ways to stay relaxed and full of life? \_\_\_\_\_

\_\_\_\_\_

What would you consider one of your strengths, or something you do well? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Client Goals for Therapy

If you had a magic wand and could solve all your problems, what would your wish list be? If therapy was tremendously successful, how would we know? What would be different in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is accurate and true to the best of my knowledge

\_\_\_\_\_