

Judith Smithchild
M.Ed., LPCC-S, LICDC-S, NCC
Intake Information Form—Couples

Today's Date: _____

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to you, leave them blank.

Demographics

1) Name: _____ 2) Age: _____ 3) DOB: _____

4) Gender: M F Transgender in Trans. Sexual identity: Hetero. Gay Lesbian Bi-sexual

5) Home Address: _____
Street & Number City State Zip

6) Weight: _____ 7) Height: _____ 8) Eye color: _____ 9) Hair color: _____ 10) Race: _____

11) Ethnicity _____ 12) Years of education: _____ If currently a student: College: _____
Year: _____ Major _____ Expected graduation date: _____

13) Occupation: _____ 14) Employer: _____
How long?: _____ Problems?: yes no Position: _____
Responsibilities: _____

Communication with you:

14) Cell _____ Home Phone: _____ Business _____
E-mail address _____
May we email/text you information? yes no

15) Emergency Contact Person Name: _____ Phone number: _____

16) Are their children? No: Yes Children's names and ages:

17) Are children or partner currently involved in counseling? Yes No With whom: _____

Counseling History

18) How did you hear about this office, or who referred you?: _____

19) Are you receiving counseling services at present?: No Yes Briefly describe: _____

Have you had counseling in the past?: No Yes Provider: _____ Years of Service: _____

Issues addressed: _____ Past diagnosis: _____

Medical History:

20) List current medications:

Physician's name: _____ Physician's address: _____

21) List any major illnesses (ie. Diabetes, fibromyalgia, cancer, heart disease) and/or operations you have had or any current illness:

