

**INNER AWAKENING COUNSELING & CONSULTATION
NEW CLIENT INTAKE FORM- Adult**

The Basics	
Name:	Date of Birth
Full Address:	Phone: _____ Alternate: _____ Ok to leave messages? <input type="radio"/> Yes <input type="radio"/> No Text Reminders? <input type="radio"/> Yes <input type="radio"/> No
Email:	
How did you learn of Inner Awakening Counseling & Consultation?	
Briefly, what is the problem(s) for which you are seeking services today?	

Mental & Emotional Health Review
Have you ever been diagnosed with a mental, behavioral, or personality diagnosis? If so, what, and when?
Have you ever been in counseling or therapy? <input type="radio"/> Yes <input type="radio"/> No If yes, approximately when and for what?
Ever been hospitalized due to a mental health emergency? <input type="radio"/> Yes <input type="radio"/> No
Family history of mental illness or personality disorders <input type="radio"/> Yes <input type="radio"/> No
How would you rate any previous experiences with mental health care? <input type="radio"/> Very helpful <input type="radio"/> Somewhat helpful <input type="radio"/> Not sure if it helped <input type="radio"/> Not helpful <input type="radio"/> N/A What made the care helpful or not helpful?
Any history of trauma? <input type="radio"/> Yes <input type="radio"/> No
Any previous grief or loss history? Please list relationship and approximate date.
History of drug abuse or addiction? <input type="radio"/> Yes <input type="radio"/> No

Medical & Physical Health Review
Are you under the care of a physician or other health practitioner? <input type="radio"/> Yes <input type="radio"/> No For what?
Last time had a physical by a physician? Approximate Date:

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Current medications, herbs, or other dietary supplements:

Spirituality Review

Briefly describe your spirituality?

Are you affiliated with a faith community, church, or spiritual group? Yes No

What gives your life meaning and purpose?

Social Review

Are you employed? Yes No Where?
How long?

Do you have sufficient finances to meet your needs? Yes No

Are you currently in school? Yes No. Describe:

Highest level of education completed:

Sexual Orientation | Gender Identity:

Are you in a partnership or legal marriage: Yes No Kids? Yes No

Strengths & Resources

What do you do to take care of and nurture yourself?

Are you receiving support from other professionals or agencies? Yes No
Describe:

Who are your closest supports?

Brief Symptom Review

Please identify which of the following symptoms you've experienced. Circle **C** for those symptoms that you've experienced in the past month, or circle **P** for those you've experienced, but not in the last month. You may circle both if both apply. Please be honest as this will help with formulating a more accurate diagnosis and the development of a treatment plan.

C P A difficult life event happened, and since then you've been experiencing some kind(s) of distress (mental, emotional, physical, social, or spiritual)

C P Sadness.

C P Hopelessness.

C P Fatigue or loss of energy.

C P Guilt.

C P Worthlessness.

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- C P Lack of interest or pleasure in activities.
- C P Unintentional weight loss or weight gain. How much_____?
- C P Attempts or thoughts of killing yourself.
- C P Attempts or thoughts physically injuring your body to feel better.
- C P Attempts or thoughts of killing someone else.
- C P Excessive energy and high productivity.
- C P Feeling on top of the world.
- C P Racing thoughts.
- C P Decreased need for sleep compared to your normal.
- C P People say you dress inappropriately, seductively, or bizarrely.
- C P Bursts of intense or excessive anger.
- C P Engaging in behaviors or activities that you are told are risky or dangerous.
- C P Decreased appetite.
- C P Easily impatient or irritable.
- C P Impulsive.
- C P Disciplinary troubles at school or work.
- C P Rapid mood swings.
- C P Difficulty following through with tasks and projects.
- C P Easily distracted.
- C P Forgetfulness.
- C P Difficulty concentrating or focusing.
- C P Difficult problem solving or decision-making.
- C P Difficulty being able to remain calm and still
- C P Continual worry about a wide variety of routine or mundane things.
- C P Feeling physically restlessness, tension, shaking, or on edge.
- C P Periodic episode of intense anxiety and fear.
- C P Episodes where you felt like you might be having a heart attack.
- C P Fear of going places because of the episode of intense anxiety.
- C P Intense fear of certain places, animals, activities, or things.
- C P Engage in repetitive behavior that causes you distress if you don't complete.
- C P Having repetitive thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing.
- C P Avoidance of certain activities, places, or environments.
- C P Fear of something terrible happening to you or a loved one.
- C P Intrusive thoughts or memories.
- C P Experiences of feeling like you are re-living something awful.
- C P Nightmares.
- C P Been exposed to possibility of death or fear of dying or serious harm.
- C P Feeling detached or disconnected from others.
- C P Easily startled.
- C P Always on guard.
- C P Fear of gaining weight or getting fat.
- C P Belief that you are fat.
- C P Been told you are too skinny or that you need to gain weight.
- C P Regular use of laxatives, diuretics, weight loss supplements, or frequent attendance at gym or other weight loss activities.
- C P Periods of gorging yourself on food and then throwing up, using laxatives, or other activity to make up for it
- C P Episodes of hearing, seeing, or sensing things that you think, or others tell you, may not be real
- C P Having beliefs or thoughts about reality that you wonder if, others tell you, are not reality or the way things really are.

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- C P Extended periods of time in your memory that are blank.
- C P Evidence emerges related to behaviors of which you have no memory.
- C P Been told you sometimes call yourself by other names and act very differently but have no memory of this.
- C P Difficulty maintaining close, emotional relationships.
- C P Fear that others will abandon you if they get to know the "real" you.
- C P Difficulty letting go of past wrongs against and holding grudges
- C P Feeling undervalued by others, and/or needing to show others your value
- C P Feeling that others want to undermine, sabotage, or take advantage of you.
- C P Difficulty feeling remorse when you've done something wrong.
- C P Difficulty feeling empathy or being able to relate to other people.
- C P Difficulty maintaining stable employment
- C P Difficulty with establishing & maintaining relationships at school, work, or within your family
- C P Difficulty functioning in social environments and relating to people
- C P Difficulty maintaining your basic needs (food, shelter, clothing, etc)

Signature

Name- Print

Name- Signature

Date

Reviewed by

Name, credentials, title- Print

Name- Signature

Date