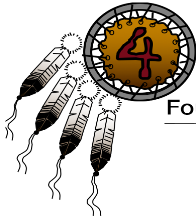


Client Intake Questionnaire

In order to provide the best clinical service to you, please provide information to the questions below to the best of your abilities.

Client Name:		Date:
DOB:	Age:	SSN:
Mailing Address:		
Physical Address:		
Preferred Method of Contact: [ ] Call Home [ ] Text Cell [ ] Call Cell [ ] Email		
Appointment Reminders: [ ] Call Home [ ] Text Cell [ ] Call Cell [ ] Email		
Employer / School:		
Insurance Carrier:		Policy:
Name of Primary Person Responsible for Insurance:		
Primary Person's DOB:		SSN:
Primary Person's Employer:		

Client's Religious / Spiritual Background:
Referred By:
Reason for Referral:
What goals / outcomes would you like to see as a result of participating in therapy:

Family Members in the House		
Name	Age	Relationship to Client

Four Feathers Counseling

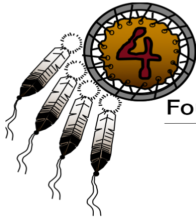
hope for generations

Name	Age	Relationship to Client
Name	Age	Relationship to Client
Name	Age	Relationship to Client
Name	Age	Relationship to Client

Major Accidents, Illnesses, Head Injuries, or Seizures:
Current Medical Problems:

Current Medication:	Dosage:	Prescribing Doctor:
Current Medication:	Dosage:	Prescribing Doctor:
Current Medication:	Dosage:	Prescribing Doctor:
Current Medication:	Dosage:	Prescribing Doctor:

How often do you drink wine or alcohol?



List any other current substances you are using:

Are you experiencing any of the following:

[ ] Nervousness / Shakiness

[ ] Feeling sad or blue

[ ] Feeling hopeless

[ ] Trouble sleeping

[ ] Decreased appetite

[ ] Feeling everything is effort

[ ] Feeling fearful or afraid

[ ] Difficulty at home

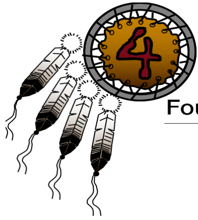
[ ] Difficulty at work or school

[ ] Physical pain

Family History

Mental Health Problems:

Attention Problems:
Substance Abuse:
Legal History:
School / Employment History:
History of Abuse (Emotional, Physical, Sexual, Verbal or Domestic Violence)
Individual and Family Strengths:
Pregnancy / Developmental / Medical History: (skip if you are an adult seeking services)



Problems with Pregnancy Delivery:
Early Development (age crawling, walking, potty training, speaking) list any delays:
Discipline used with children: