

MANDALA COUNSELING SERVICES

INTAKE FORM - Intensives

Today's Date: _____

Client's Name: _____ DOB: _____

Gender Identity/Pronouns: _____

Ethnic Identity: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Primary reason for seeking intensive therapy: _____

IN CASE OF EMERGENCY:

Name: _____

Relationship: _____

Phone Number: _____

Please complete each item in its entirety

Family Information:

Current marital status/any relevant details about it: _____

Any history of divorce/widowhood: _____

Where were you raised? _____

Is your mother living? Y N Nature of relationship: _____

Is your father living? Y N Nature of relationship: _____

Were you raised by someone other than your biological parents? Y N

If yes, who? For how long? _____

Please list siblings in birth order and your current relationship with each:

Do you have children? Please give information as applicable:

1st child Name: _____ Age: _____ Adopted? ____ Deceased? ____

2nd child Name: _____ Age: _____ Adopted? ____ Deceased? ____

3rd child Name: _____ Age: _____ Adopted? ____ Deceased? ____

4th child Name: _____ Age: _____ Adopted? ____ Deceased? ____

Any relevant information about relationships with children? _____

Any other relevant history about your birth or childhood? _____

Supports/Resources

In what religion (if any) were you primarily raised? _____

What is your faith or religion now? _____ How active are you in it? _____

How would you describe your current relationship with your religion/spirituality?

Good

Fair

Poor

Non-existent

Where/to whom do you turn when you need support? _____

How would you describe your friendships? _____

Hobbies/talents/special interests: _____

Medical Information

How would you describe your overall health? _____

Has there been any change in your weight in the past year? Y N

If yes, please explain _____

Has there been any change in your sleep patterns in the past year? Y N

If yes, please explain _____

List any serious illnesses or injuries that occurred at any time in your life including any hospitalizations:

List all medications that you are currently taking including what they are used for: (ex: Lexapro – depression)

How often and how much do you consume alcohol? _____

Have you ever felt your alcohol consumption was problematic or concerning? Y N

If yes, describe: _____

What non-prescribed substances do you take? For what purpose? How often? _____

Other relevant medical information: _____

Mental Health Treatment

Have you had therapy in the past? Y N

If yes, When? _____ Name of therapist: _____

For what purpose? _____

Was the previous therapy helpful? Y N

Why/Why not? _____

Do you have any mental health diagnoses? _____

Have you ever attempted suicide? Y N

If yes when and how? _____

Has any relative attempted or died by suicide? Y N

Who? _____ When? _____

Have any family members been diagnosed with the following? Indicate who.

Depression: _____

Anxiety: _____

Alcohol misuse: _____

Drug misuse: _____

Other Mental Disorders (schizophrenia, bipolar, etc): _____

Other relevant family history: _____

Education/Vocation

Highest academic level completed _____ Major _____

Current employment/position: _____

Have you served in the military? Y N Branch/Rank: _____

When? _____ Nature of duties: _____

Other relevant educational/vocational information: _____

Trauma History

What major losses have you experienced in your life? _____

What do you want me to know about your trauma history? _____

Current Status

Describe yourself in your own words: _____

What are your strengths? _____

Do you currently have:

Suicidal thoughts	Y	N
Suicidal plans	Y	N
Homicidal thoughts	Y	N
Homicidal plans	Y	N
Self-Injurious behavior	Y	N Describe: _____

Share any other information you believe is relevant to your intensive treatment: _____

What do you most hope to achieve with this intensive? _____