Soul Song Counseling, PLLC
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Confidential Client Intake Form

Name of client: _____Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Parents' names if client is under 18: _____

Marital/Relational Status: _____Partner/Spouse Name: _____

Children (Names and ages): _____

Others living in client's home:_____

Occupation: _____ Highest Level of Education: _____

CONTACT INFORMATION

Address: _____ Phone number(s): _____

_____

Email address: _____ Do you prefer I contact you by phone or email?_____

Would you be interested in receiving helpful weekly blog posts? *Yes!*_____ Not at this time _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

_____ Alternate phone:_____

PAST YEAR CHECKLIST
Only respond to those areas that apply to you. Please rate the level of distress these issues have caused you in the past year:

0	1	2	3	4
None	Minor	Moderate	Considerable	Extreme

____Sleeping Too Much/Too Little	____Repetitive Behaviors	____Physical/Emotion/Sexual abuse
____Eating Too Much/Too Little	____Anxiety/Fear	____Drug/Alcohol (self or other)
____Mood Swings	____Lack of Energy	____Loneliness
____Angry Outbursts	____Hear/See things others cannot	____Past Trauma
____Depression	____Suicidal Thoughts/Actions	____Death/Major Loss

TRAUMA HISTORY

Please list past traumatic events.

1.

2.

3.

4.

5.

"Traumatic" events may not be major life events, but could be any event that continues to be bothersome to you and something that provokes a reaction within your body (i.e. you become nervous, you think about this situation when wanting to not do so, it causes you distress when reminded of event, or other symptoms).

EXPECTATIONS FOR THERAPY

What brings you to seek therapy now and what do you hope to gain?_____

_____

_____

_____

_____

_____

Do you have any concerns about therapy? _____

_____

_____

Past experiences in counseling/therapy? Positive or Negative? _____

_____

_____

MEDICAL AND MENTAL HEALTH TREATMENT INFORMATION

Please describe your physical and mental health including significant hospitalizations, illnesses, and/or medications.

_____

_____

_____

_____

Are you currently receiving other mental health services or medical treatments? _____

_____

SAFETY ASSESSMENT

Have you ever given serious consideration to, or attempted to end your own life? _____

Last occurrence: _____

If yes, do you currently feel this way? Have a plan? _____

_____

Have you ever given serious consideration to, or attempted to harm another person? _____

Last occurrence: _____

If yes, do you currently feel this way? Have a plan? _____

_____

SUBSTANCE USE

Do you currently use tobacco, alcohol, or other drugs?

Substance	How much and how often?	Past Use
Substance	How much and how often?	Past Use
Substance	How much and how often?	Past Use
Substance	How much and how often?	Past Use

(If applicable) When you used the most, how much did you use?_____

Past substance abuse treatment? _____

LEGAL HISTORY

Are you involved in the legal system or have you had significant legal issues in the past? _____

_____

FAMILY INFORMATION

Please give me a brief family history. Describe family of origin and your current family dynamics: _____

_____

_____

_____

RELATIONSHIPS WITH OTHERS

Please describe the important people in your life and the quality of these relationships: _____

_____

_____

_____

_____

Have you now or ever experienced violence, abuse, or threatening behavior in a relationship?_____

_____

Do you have any concerns related to gender identity or sexual identity? _____

_____

STRENGTHS AND RESOURCES

What helps you to make it through difficult times? (Animals, friends, personal qualities, etc.) _____

_____

_____

Who can you count on for support in times of need? _____

_____

_____

What gives you personal enjoyment? _____

_____

_____

Tell me about special skills or abilities that you have. _____

_____

_____

What communities are you a part of? _____

_____

_____

Do you have religious practices or spiritual beliefs that are important to you? _____

_____

_____

Please describe your cultural identity and how it is important to you_____

_____

_____

What else should I know?_____

_____

_____