KELLEY GRAY, M.A.
LICENSED PROFESSIONAL COUNSELOR

New Client Intake Form

Today's Date: _____

Client Name: _____ Date of Birth: _____

Street Address: _____ City:_____

State: _____ Zip:_____ Home Phone:_____ Cell:_____ Work:_____

Please circle your preferred phone number above. Is it okay to leave a message/text? Y N

Client's Email:_____ Marital Status:_____

IF A MINOR:

Parent's/Guardian's Names: _____

Parent's/Guardian's Email Addresses:_____

Parent's/Guardian's Home Phone: _____Cell: _____ Work:_____

Please circle your preferred phone number above. Is it okay to leave a message/text? Y N

Siblings Names/Ages: _____

What school do you attend? _____

IF MARRIED:

Spouse's Name: _____ Occupation: _____

Phone Number: _____ Email: _____

Children's Names/Ages: _____

ALL CLIENTS:

Who referred you to this practice? _____

May I thank them for the referral? (if so, please sign): _____

Any previous counseling/psychiatric care? With whom? _____

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List all medications: _____

_____

Primary Care Physician: _____ Phone: _____

PERSONAL HISTORY:

Indicate any of the following that you have experienced:

ADHD/ADD	Yes	No
Adoption	Yes	No
Alcohol/Substance Misuse	Yes	No
Anxiety	Yes	No
Bipolar Disorder	Yes	No
Child Abuse/Neglect	Yes	No
Chronic Pain	Yes	No
Depression	Yes	No
Domestic Violence	Yes	No
Eating Disorders	Yes	No
Obesity	Yes	No
Obsessive Compulsive Behavior	Yes	No
Schizophrenia	Yes	No
Sexual Assault	Yes	No
Sexual Issues	Yes	No
Suicide Attempt	Yes	No

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LIFE RHYTHMS:

How would you rate the quality of the following?

Sleep	Poor	Fair	Good
Appetite	Poor	Fair	Good
Mood/Emotional Regulation	Poor	Fair	Good
Self-Awareness	Poor	Fair	Good
Physical Health	Poor	Fair	Good
Exercise	Poor	Fair	Good
Family Support	Poor	Fair	Good
Friend Support	Poor	Fair	Good
Career/School	Poor	Fair	Good
Significant Other Support	Poor	Fair	Good
Spiritual/Religious life	Poor	Fair	Good

What do you consider to be some of your strengths?

_____

_____

What do you consider to be some of your weaknesses?

_____

_____

_____

What would you like to accomplish during your time in therapy?

_____

_____

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