Initials:____

CHRISTIAN COUNSELING OF MCALESTER

INTAKE WORKSHEET

Name: _____

🔔 **= questions for patients under 16 only**

❑ Is this a Potential court case?

❑ Re-admission: Have you been a patient of ours before?

Source: ❑ Patient ❑ Parent ❑ Other: _____

Have you had Previous Counseling?: (Where, when, what for?) _____

_____

Referral Source & Reason For Referral

How did you hear about us (be very specific)?: _____

Why did you come here instead of somewhere else?: _____

Reason For Referral (if from another professional): _____

Initials:____

PRESENTING PROBLEM

In a sentence or two, why are you coming to counseling?:

Problem 1: _____

Problem 2: _____

Problem 3: _____

SYMPTOMS OF PROBLEM

How did you notice the problem? How have others noticed it? How has the problem affected your daily life?:

Problem 1:

a) _____(F/D/S)

b) _____(F/D/S)

c) _____(F/D/S)

Problem 2:

a) _____(F/D/S)

b) _____(F/D/S)

c) _____(F/D/S)

Problem 3:

a) _____(F/D/S)

b) _____(F/D/S)

c) _____(F/D/S)

In the past, how have you dealt with these problems, what has been most helpful?:

Problem 1: _____

Problem 2: _____

Problem 3: _____

HISTORY OF THE PROBLEM: (How long has this been going on? How did it start?):

_____

_____

_____*(use back of this sheet as needed)*

RECENT TRIGGER OF PROBLEM: (Why get help for it NOW? What's happened recently?):

What recent incidents or problems that may have triggered and/or been associated with this problem.

_____

_____

_____*(use back of this sheet as needed)*

BIOPSYCHOSOCIAL HISTORY

MARITAL AND FAMILY INFORMATION

Living with: ❒Biological Parents ❒Mom/Step-dad(BF) ❒Dad/Step-mom(GF) ❒Grandparents ❒Other

PRESENT FAMILY PROBLEMS / CONCERNS / STRESSORS
(What are the issues of conflict in the family?):

_____

_____

_____

_____

_____

_____

_____

STRENGTHS/RESOURCES IN THE FAMILY/FRIENDS (What are the best things about your family?):

_____

_____

_____

_____

_____

Among your friends and family, whom do you count on for support – who is "there for you"? _____

_____

MARITAL/SEXUAL HISTORY PATTERNS :

Marital Status: ❒ Living together ❒ Divorced ❒ Married ❒ Separated ❒ Single (Never married) ❒ Widowed

Intimate Relationship: ❒ Never been in an IR ❒ Not currently in relationship ❒ Currently in IR

How long have you been in the current relationship? _____

How many times have you been married/long-term relationship? _____

1. _____ 3. _____

2. _____ 4. _____

Relationship Satisfaction: ❒ Very satisfied ❒ Satisfied ❒ Somewhat satisfied ❒ Dissatisfied ❒ Very dissatisfied

Describe your relationship with your current partner (Issues of Conflict, Strength of Support):

_____

_____

_____

FAMILY OF ORIGIN

(Problems in Family of Origin, Family Background, Ethnic Factors)

What was it like growing up in your family? _____

_____

_____

_____

_____

What significant childhood family experiences do you recall? _____

_____

_____

_____

Any childhood traumas? _____

_____

_____

Would you describe your Social Development as "normal" – i.e. relationships in school, dating, friendships, etc.? _____

_____

Have you ever witnessed domestic violence? ❒ Yes ❒ No

--other than a Family member? ❒ Yes ❒ No

Sexual Assault/Abuse? ❒ Yes ❒ No

--other than a Family member? ❒ Yes ❒ No

While growing up, did you live under the care of anyone other than your parents? ❒ Yes ❒ No

_____

_____

Who administers(ed) discipline in the family of origin? _____

How was punishment given? _____

Cultural

Ethnic Origin: ❒ Caucasian ❒ African American ❒ Hispanic ❒ Asian

❒ Native American ❒ Eskimo ❒ Mixed❒ Unknown ❒ Other: _____

Tribal Affiliation (name of tribe) _____ ❒ (CDIB Card ?)

Primary language: _____ Secondary language: _____

Does the family:
SPEAK English well? ❒Yes ❒No / READ English well? ❒Yes ❒No / WRITE English well? ❒Yes ❒No

If no, please describe: _____

Initials:____

EDUCATIONAL/VOCATION

❒ Employed ❒ Dependant ❒ Public Assistance ❒ Workers' Compensation ❒ Illegal ❒ Unemployment

Employment status and history: _____

_____

_____

_____

_____

INTERPERSONAL CONCERNS/PROBLEMS:

How many close friends do you have? _____

How do you get along with others? Where do you fit in a group?

_____

_____

_____

_____

PERSONAL STRENGTHS at Work/School:

What are the best things about you at Work/School? What would others say they like about you at Work/School?

_____

_____

_____

_____

MILITARY/WORK PROBLEMS:

Military history: _____

_____

_____

List work stressors: _____

_____

EDUCATIONAL HISTORY

Current Educational Functioning

How many schools have you attended? _____

What grade are you currently attending? _____

Did you repeat any grades? _____ Why? _____

What subjects do you like in school? _____

What subjects do you dislike in school? _____

Would you describe yourself as a: ❒ quick leaner; ❒ average learner; ❒ slow learner

Have you ever taken an I.Q. test? ❒ Yes ❒ No If yes, what was your score? _____

Current school status? ❒ Currently Attending ❒ Drop-out ❒ Expelled ❒ Truant

❒ Graduated/GED ❒ Homebound/Medical ❒ Suspended

What is your current school performance (grades or GPA)? _____

Do you have a special education classification?
❒ Lab ❒ LD ❒ ED/SED ❒ MR ❒ Other Health Impairment

Are you currently being served on an IEP? ❒ Yes ❒ No

How long have you been receiving special education classes? _____

In what grade did you start receiving special education classes? _____

LEISURE ACTIVITIES/DAILY FUNCTIONING

Special interests or hobbies? ❒ Yes ❒ No

If yes, please describe: _____

_____

What do you do or have you done for fun or enjoyment? _____

_____

❒ Decreased interest in leisure activities

❒ Too much time spent in leisure activities

❒ Gave up leisure activities

❒ Impaired functioning

❒ No change in leisure activities / time spent

Notes:_____

_____

_____

_____

Initials:____

LEGAL STATUS

Has there been any legal action for any person in the immediate family in the last 5 years?

Any arrests in the past six months? _____

Explain: _____

_____

Is anyone in the family on probation or parole? ❒ Yes ❒ No

❒ Divorce pending: _____

❒ DUI's: _____

❒ Arrests: _____

❒ Charge(s): _____

❒ # of Convictions: _____

❒ Probation until: _____

❒ Paroled On: _____

❒ Protective service involvement: _____

❒ Work related lawsuit: _____

❒ Medical malpractice: _____

❒ Other legal problem (specify): _____

_____

❒ No legal problems

Case Worker/Parole Officer Name: _____ Phone: _____

Address: _____ City:_____ County: _____ State: _____ Zip: _____

Notes:_____

_____

_____

_____

_____

_____

_____

MEDICAL

Describe current physical health: ____

❒ No medical problems

❒ Anorexia ❒ Bulimia ❒ Obesity ❒Special diet

How many times has client been hospitalized overnight for medical problems: _____

Describe reasons for all overnight hospitalizations: ____

____(use additional page if needed)

Current biomedical conditions/complications: ____

____

____

Handicaps/Disabilities/Limitations/Challenges

Are you now or have you ever experienced any chronic medical, ambulatory, speech, hearing or visual functioning problems? ____

____

Medication Allergies / Food Allergies / Reactions: ____

____

Are your immunizations current? ❒ Yes ❒ No

If no, what are you lacking? ____]

CURRENT MEDICATIONS

Physician	*Medication*	*Type (Check)*	*Dosage/Strength*	*Frequency*	*Start Date*	*Side Effects*	*Benefits*
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					
First Name - Last Name	☐ *Current?*	☐ *Prescription* ☐ *Over-the-Counter*					

Initials:____

Developmental

For Children/Adolescents:

Were developmental age factors, motor development and functioning, prenatal/perinatal events accomplished within appropriate time frames? ❒ Yes ❒ No ❒ Unknown

First word: ___(months) First step: ___(months)

Problems during mother's pregnancy:
[ ] difficult delivery
[ ] none
[ ] high blood pressure
[ ] kidney infection
[ ] German measles
[ ] emotional stress
[ ] bleeding
[ ] alcohol use
[ ] drug use
[ ] cigarette use
[ ] other: _____

Birth:
[ ] normal delivery
[ ] German measles (age ___)
[ ] cesarean delivery
[ ] complications _____
_____
Birth weight _____lbs ____oz.

Infancy:
[ ] feeding problems
[ ] sleep problems
[ ] toilet training problems

Childhood health:
[ ] chickenpox (age _____)
[ ] mumps (age _____)
[ ] red measles (age _____)
[ ] rheumatic fever (age _____)
[ ] whooping cough (age _____)
[ ] scarlet fever (age _____)
[ ] autism
[ ] ear infections
[ ] allergies to _____
[ ] significant injuries _____
[ ] chronic, serious health problems _____
[ ] lead poising (age _____)
[ ] diphtheria (age _____)
[ ] poliomyelitis (age _____)
[ ] pneumonia (age _____)
[ ] tuberculosis (age _____)
[ ] mental retardation
[ ] asthma

Delayed developmental milestones (check only those milestones that did not occur at expected age):

[ ] sitting
[ ] rolling over
[ ] standing
[ ] walking
[ ] feeding self
[ ] speaking words
[ ] speaking sentences
[ ] controlling bladder
[ ] other _____
[ ] controlling bowels
[ ] sleeping alone
[ ] dressing self
[ ] engaging peers
[ ] tolerating separation
[ ] playing cooperatively
[ ] riding tricycle
[ ] riding bicycle

Emotional / behavior problems (check all that apply):

[ ] drug use
[ ] alcohol abuse
[ ] chronic lying
[ ] stealing
[ ] violent temper
[ ] fire-setting
[ ] hyperactive
[ ] animal cruelty
[ ] assaults others
[ ] disobedient
[ ] repeats words of others
[ ] not trustworthy
[ ] hostile/angry mood
[ ] indecisive
[ ] immature
[ ] bizarre behavior
[ ] self-injurious threats
[ ] frequently tearful
[ ] frequently daydreams
[ ] lack of attachment
[ ] distrustful
[ ] extreme worrier
[ ] self-injurious acts
[ ] impulsive
[ ] easily distracted
[ ] poor concentration
[ ] often sad
[ ] breaks things
[ ] other _____

Social interaction (check all that apply):

[ ] normal social interaction
[ ] isolates self
[ ] very shy
[ ] alienates self
[ ] inappropriate sex play
[ ] dominates others
[ ] associates with acting-out peers
[ ] other _____

Intellectual / academic functioning (check all that apply):

[ ] normal intelligence
[ ] high intelligence
[ ] learning problems
[ ] authority conflicts
[ ] attention problems
[ ] underachieving
[ ] mild retardation
[ ] moderate retardation
[ ] severe retardation

Describe any other developmental problems or issues: _____

_____

_____

_____

Note Psychological, Physical, Social, Intellectual, and Academic Testing: _____

_____

_____

Psychiatric/Mental Health History

How many times have you been treated for any psychological or emotional problems:

❒ In a hospital or inpatient setting? ___

❒ Outpatient/private patient setting? ___

Location/Provider: _____ Date: ___/___/___ Length of time: _____

Diagnosis/Reason:_____

Therapeutic Intervention & Response: _____

Location/Provider: _____ Date: ___/___/___ Length of time: _____

Diagnosis/Reason:_____

Therapeutic Intervention & Response: _____

Location/Provider: _____ Date: ___/___/___ Length of time: _____

Diagnosis/Reason:_____

Therapeutic Intervention & Response: _____

Psychological Tests or Evaluations:

Location/Provider: _____ Date: _____ Test Administered: _____

Reason:_____

Results: _____

Location/Provider: _____ Date: _____ Test Administered: _____

Reason:_____

Results: _____

Have you ever attempted suicide? ❒ Yes ❒ No
If yes, when? _____ ***(Complete Risk/Rescue Rating)***

Is there a family history of suicide? ❒ Yes ❒ No
Are there firearms in the home? ❒ Yes ❒ No

❑*Attach reports, discharge summaries, and/or testing.*

Initials:____

SUBSTANCE ABUSE

Anyone in your immediate or extended family have problems with drugs or alcohol?

_____

_____

Have you ever been hospitalized or admitted to an inpatient/outpatient facility for drugs or alcohol?

_____

_____

Have you ever received other treatment for drug/alcohol abuse? – outcome (include AA, Narconon, etc):

_____

_____

How much alcohol do you consume weekly? _____

Reason: Socialize __ Manage Stress __ To Relax __ To Change mood __ To Sleep __

Drug of Choice	Amount Used	Frequency of Use	Age First Used	Date Last used

_____

_____

Functional impact of current use, give examples of level of dependency_____

❒ Increased tolerance over time:

❒ Work problems related to use:

❒ Further screening indicated?:

❒ Referral indicated:

❒ Relationship problems related to use:

❒ Family history of:

❒ Drinks to intoxication # times per month:

❒ Cravings/withdrawal symptoms:

RELIGION/SPIRITUALITY

❒ I Believe in God ❒ I Believe in a higher power ❒ Non-believer ❒ Unsure ❒ Other:_____

❒ It will have an Impact on my therapy ❒ It will have No impact

What meaning does God, Spirituality, or a Higher Power play in your life? (In Client's Words):

_____

_____

Does family attend church or religious services? ❒ Yes ❒ No Where?:_____

Which religion? ❒ Protestant ❒ Catholic ❒ Jewish ❒ Islamic ❒ Mormon/LDS

❒ Native American ❒ Buddhist ❒ Hindu ❒ Atheist ❒ Agnostic ❒ Other: _____

Have you had any exceptionally good or bad experiences with the church? ❒ Yes ❒ No

If yes, please describe: _____

Initials:____

Client Statements

My abilities/strengths:
Strengths are positive things in a person's life (good social skills, academic strengths, parental support, relationships, etc. Abilities are talents, things the client does well. May include, hobbies, sports, activities, organizations, clubs, academics, groups, jobs, chores, etc._____

_____

_____

My treatment preferences: _____

_____

_____

My statement of Needs/Weaknesses: _____

_____

_____

What do you hope to get from counseling/therapy? _____

_____

_____

How long do you think it will take? _____