

Truth in Love

Counseling

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Intake Form

Welcome. Please share the information below to aid me in understanding you and your concerns. Complete the form as thoroughly as possible. All information will be held confidentially, as explained in my disclosure statement.

Name: _____ Age: _____ Birth Date: _____

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

Phone Numbers: Home: _____ Work: _____ Cell: _____

Employer or School: _____ Occupation: _____ Education Level: _____

Race/Nationality/Ethnic Origin: _____ Who referred you to me for psychotherapy? _____

Relationship Status: Never Married: _____

Married: _____

Living w/Partner: _____

Separated: _____

Widowed: _____

Divorced: _____

Dates: _____

How Long? _____

How Long? _____

How Long? _____

How Long? _____

Sexual Orientation:

Heterosexual _____

Gay _____

Lesbian _____

Bisexual _____

Transgendered _____

List any previous marriage partners, or significant relationships, with dates:

If married or in a committed partnership:

Spouse/Partner's Name: _____ Age: _____ Birth Date: _____ # Years Together: _____

Employer or School: _____ Occupation: _____ Education Level: _____

Race/Nationality/Ethnic Origin: _____ Previous marriage partners, or significant relationships, (please include dates): _____

Children/Stepchildren

Name: _____ Age: _____ Birth Date: _____ Sex: _____ Relationship to You: _____ Living with You: _____

Family Background:

Parents' Names/Ages: _____

Are/Were your parents married? _____ Are/Were your parents divorced? _____ Were you adopted? If yes, at what age? _____

Stepparents? _____

Siblings' Names & Ages (include step and half siblings):

Have any parents or siblings died? (Indicate name, cause of death, date): _____

Physical/Emotional Health:

Have you received previous psychotherapy or counseling? _____ If yes, from whom, and when?

Have you ever attempted suicide? _____ If yes, at what age(s)? _____

Physician's Name(s), with Phone #'s: _____

List any medications, supplements, herbs, or homeopathic treatments you are taking, condition you are taking them for, dosage, & who prescribed: _____

Other health conditions: _____ Do you currently, or have you in the past had a problem with alcohol or drug abuse? If so, please explain: _____

What do you believe is your physical condition at this time?
Poor ___ Fair ___ Average ___ Good ___ Excellent ___

What do you believe is your emotional condition at this time?
Poor ___ Fair ___ Average ___ Good ___ Excellent ___

Which of the following describe or relate to the concerns which bring you to therapy?

Alcohol Problems _____
Drug Problems _____
Anger _____
Depression _____
Loneliness _____
Guilt _____
Sexual Concerns _____
Fear _____
Grief _____
Midlife Issues _____
Suicidal Feelings _____
Spiritual Issues _____
Physical Health _____

Anxiety _____
Relationship with:
Partner _____
Parents _____
Children _____
Coworkers _____
Others _____
Elevated Mood _____
Hopelessness _____
Sleep Problems _____
Strange Thoughts _____
Finances _____
Self-Esteem _____

Abuse Survivor:
Sexual _____
Emotional _____
Physical _____
Abuse Perpetrator:
Sexual _____
Emotional _____
Physical _____
Eating/Food Issues _____
Self-Doubt _____
Legal Issues _____
Work Issues _____
Loss of Interest _____

State in your own words what brings you to therapy: _____

What do you hope to achieve in therapy (goals/focus areas/expectations)? _____

Religious and/or Spiritual Information:

For some clients, attention to the spiritual dimension of their lives is an important part of the therapy process. Others have had questions, doubts, or painful experiences associated with their faith life. For still others, these issues are not important. The following questions are meant to help me understand these dimensions of your life as fully as possible. Please answer them so I may serve you in the most helpful and respectful manner possible, and so that I may better understand your unique perspective and needs.

Religious/Spiritual Affiliation (if any): In childhood: _____ As an adult: _____

Is religion/spirituality an important part of your life? _____ Do you believe in God, or in some kind of Divine Presence? _____

Do you pray or meditate? _____ Do you read Sacred Scriptures (Bible, Torah, Koran, etc.?) _____

Have you had any unusual/remarkable spiritual experiences? _____

Have you had times when you have felt distant from, angry at or confused about God? _____

Have you ever felt extremely close to God or a Divine Presence? _____

Have you had recent changes in your religious/spiritual life? _____

What is your favorite myth or fairy tale? _____

Who is your favorite hero/heroine, or whom do you admire most? _____

What is your favorite movie? _____

Intake Date: _____