Flower Mound Counseling
INTAKE FORM

Date of First Appointment: ________________ Email _______________________

Name: ____
Last *First* *Middle*

____
Address

____
City *State* *Zip Code*

Phone numbers: _________________ ___________________ _______________
Home *Cell* *Work*

May I leave a message for you at home? Y / N
May I leave a message for you at work? Y/ N
May I leave a message for you on your cell? Y/ N
May I contact you via email? Y/ N
Please list the email address that you wish to be contacted at (we do not release email addresses):
____

Race/Ethnicity:____

Relationship Status: Married____ Single___ Divorced____ Widowed____
Cohabitating____ Other__________________________

Sexual Orientation: ____

Education Level: Elementary /Middle School_____ High School_____ Some college______
Bachelor's Degree_____ Graduate Degree_____ Other ________________________

Occupation: _________________________ Employer: ________________________
Employer address:____

Household Members:

Name:_________________ Age:____ Relationship:___________ Resides:_______________
Name:_________________ Age:____ Relationship:___________ Resides:_______________
Name:_________________ Age:____ Relationship:___________ Resides:_______________
Name:_________________ Age:____ Relationship:___________ Resides:_______________
Name:_________________ Age:____ Relationship:___________ Resides:_______________
Name:_________________ Age:____ Relationship:___________ Resides:_______________

Briefly describe your reason for seeking counseling: ________________________
____
____

What goals do you hope to achieve by attending counseling?_________________
____
____

List any major health problem for which you currently receive treatment:
____

Medication:	Dosage:	Treatment of Symptoms:	Length of Use of Medication:
_____________	____________	____________	_______________
_____________	____________	____________	_______________

Current height______________ Current weight_____________________

Are you currently involved in an exercise regimen?
Yes____ No______ If yes please list the type of exercise and amount per week

____

Current hobbies/ personal interests:______________________________________

Current religious/spiritual beliefs:_______________________________________
____

Please answer the following as it applies to you:
Do you currently drink alcohol and if so please state the amount consumed per day/week? ____

Do you currently smoke and if so please state the amount consumed per day/week?____

Do you currently use any controlled substances and if so please state the amount consumed per day/week?____

Are you currently or have you in the past been involved in any gang/criminal activity?____

How many times per week does your family sit down for meals together?
____

Have you or any family member ever struggled with any of the following symptoms/behaviors? And if so, please name the family member and date it began/ended.

Anorexia/Bulimia:
Drugs/Alcohol :
Fighting :
Cutting/Self-Harm:
Suicidal thoughts/attempts:
Homicidal thoughts:
Running away:
Truancy:
Depression:
Anxiety:
Gang/criminal activity:
CPS Involvement:
Domestic Violence:
Physical/Sexual Abuse:

Is there anything else your therapist may find helpful in knowing in regards to the treatment you are seeking for your family? ___________________________________
____

Have you ever previously attended therapy or received counseling services of any kind? Yes____ No______ If yes please list the type of therapy you received____

Did you find treatment helpful?____
Previous therapist: ____

Reason treatment terminated?____

Previous Psychiatric Hospitalizations?____________________________________

Treatment and Diagnosis Rendered?_____________________________________

Do you anticipate being involved in a lawsuit in the near future? Y/ N
If yes, please explain____
____
Have you ever been a party to a lawsuit? Y/ N

If yes, please provide a description of the suite, the date, and the outcome:
____
____
Have you ever filed a complaint with a licensing or regulatory authority? Y/ N
If yes, please provide a description of the suite, the date, and the outcome:
____
____

How did you hear about us?____
____

Customer Satisfaction Survey: Upon discharge we will ask you to complete a client satisfaction survey. The survey is anonomous and confidential and is used so that we can improve the quality of our services. Please provide us with your email address. We do not release email addresses to third parties.
I would like the survey sent to my email address at:
____
Would you like to receive our e-newsletter? Yes/ No
(We do not release email addresses to third parties)