A QUIET JOURNEY COUNSELING, LLC
...Every Journey Begins With A Single Step...

CONFIDENTIAL
General Intake Form

Date: _____

GENERAL INFORMATION

Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Current Home Address _____
Home Phone # _____ Cellular Phone # _____

Employer: _____ Position Title: _____
Duties: _____ Work Phone: _____

Is it OK to communicate with you by e-mail? Yes / No Your e-mail: _____

Who lives in the household with you?

Last Name:	First Name:	Age:	Relationship to YOU:

REFERRAL SOURCE/HOW DID YOU FIND THIS PROVIDER:

☐ Primary Care Manager ☐ Other Professional ☐ Referral Web Site (Psychology Today)

☐ Business Card or Brochure ☐ Word of Mouth ☐ Other _____

REASON FOR REFERRAL:

1. State your main complaint, problem or reason for referral: _____

2. Give a brief account of how it developed (onset to present): _____

10000 Colesville Road
Silver Spring, MD 20901
(301) 370-6613

3. What have you tried so far to solve the problem (include professional and self-help):_____

_____

_____

_____

_____

_____

_____

_____

CURRENT SYMPTOMS

1. Please check any of the following that apply to you:

☐ Stress at Work	☐ Occupational Uncertainty	☐ Struggles with Parenting	☐ Stress with Spouse/Relationship
☐ Sleep Problems	☐ Financial Problems	☐ Problems with Alcohol Use	☐ Get into Fights
☐ No Motivation	☐ Don't Need Sleep	☐ Problems with Drug Use	☐ Bad Temper
☐ Guilty Feelings	☐ Racing Thoughts	☐ Hallucinations	☐ Selfish
☐ No Energy	☐ Impulsive/Risk Taker	☐ Disturbing Thoughts	☐ Few Friends
☐ Unable To Concentrate	☐ Feel Energized	☐ Hearing Voices	☐ Stubborn
☐ Change in Appetite	☐ Distractible	☐ Suspicious of Others	☐ Relationship Problems
☐ Sexual Problems	☐ Panicky	☐ Feel Watched	☐ Physical Pain
☐ Crying Spells	☐ Sweaty	☐ Recent Trauma	☐ Chronic Headaches
☐ Sad	☐ Anxious	☐ Binge Eating	☐ Spiritual Problems
☐ Hopeless	☐ Fear of Other Things	☐ Overweight	☐ Self-Cutting/Injuries
☐ Avoiding People	☐ Fear of Heights or Crowds	☐ Self-Induced Vomiting	☐ Racing Heart Rate

2. Have you had suicidal thoughts in the past month? ☐ Yes ☐ No
3. Have you ever attempted to end your life yourself? ☐ Yes ☐ No
4. Prior to the past month, did you ever have suicidal thoughts? ☐ Yes ☐ No
5. Prior to the past month, did you ever try to end your life? ☐ Yes ☐ No
6. Has anyone in your family ever attempted suicide? ☐ Yes ☐ No Who _____ Your age at the time _____
7. Has anyone in your family ever committed suicide? ☐ Yes ☐ No Who _____ Your age at the time_____

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MEDICAL HISTORY

1. Describe any major illness, operation, accident, head injury, or other serious physical disturbance you have had. Please give your age at the time each occurred and note if there were any complications.

ILLNESS _____
OPERATIONS _____
ACCIDENTS _____
HEAD INJURY _____
OTHER _____

2. Describe your overall health (circle one): Excellent Good Fair Poor

3. Are you currently under treatment or evaluation for any medical problems? If so please specify: _____

4. Please list all medications or over-the-counter preparations that you understand may affect your mood or level of alertness:

MENTAL HEALTH HISTORY

1. Have you ever sought help for an emotional, psychological or substance problem before (psychiatrist, psychologist, social worker, counselor, clergy, etc.) ☐ Yes ☐ No

If yes, complete the following:

Age	Type of Professional	Problem	Treatment	Length of Treatment

3. Please list any instance of drug abuse, alcoholism, or mental illness on either side of your family.

Family Relationship	Problem	My Age at That Time	Additional Important Details

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SUBSTANCE USE HISTORY

1. Do you consume more then three total caffeinated beverages per day (soda, coffee, tea, etc)? ☐no ☐yes

2. Are you a smoker? ☐ yes ☐ no (former? _____)

3. Please describe your current alcohol use and any significant past history if it differs:

_____
_____
_____
_____
_____

4. Check any of the following that apply to you:
   - ☐ Alcohol or drug use has had a negative impact on a personal relationship.
   - ☐ Alcohol or drug use has had a negative impact on my work.
   - ☐ I have gotten in trouble with the law (arrest, DUI/DWI, etc) because of alcohol or drug use.
   - ☐ I have done physically dangerous things while intoxicated.
   - ☐ I have tried to reduce my alcohol or drug use but haven't really been successful at it.
   - ☐ I have gotten into fights or arguments when I've used alcohol or drugs.
   - ☐ I have had black outs from substance use.
   - ☐ It takes more alcohol or drugs to get drunk or high now than it used to take.
   - ☐ I have experienced withdrawal symptoms when I stopped using (shakes, headaches, hallucinations, seizure, etc).
   - ☐ I have developed physical problems resulting from alcohol or drug use (e.g. cirrhosis, ulcers or pancreatitis).
   - ☐ I have received treatment (therapy, residential, AA) for alcohol or drug use.

FAMILY RELATIONS HISTORY:

1. Father: Age: _____ (If deceased, your age when he died)_____
   Occupation: _____ Current health:_____
   Describe his personality and your relationship with him.
   Past:_____
   Present:_____

2. Mother: Age: _____(If deceased, your age when she died)_____
   Occupation: _____ Current health:_____
   Describe her personality and your relationship with her.
   Past:_____
   Present:_____

3. Select the most appropriate description of your parents' marriage when you where a child.
   ☐ Loving/Happy ☐ Okay/Not Bad ☐ Unloving/Unhappy ☐ Abusive

4. Parent's current marital status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
   If applicable, your age at time of separation/divorce: _____

6. Are you adopted? ☐no ☐yes, age and situation_____

7. If you have a step-parent(s) describe your relationship with him/her/them:_____

_____

8. Who was your primary caregiver growing up? _____

9. How many siblings do you have? (please indicate if you are a twin)

_____	Brother(s)	Ages_____	_____	Sister(s)	Ages_____
_____	Step-Brother(s)	Ages_____	_____	Step-Sister(s)	Ages_____
_____	Half-Brother(s)	Ages_____	_____	Half-Sister(s)	Ages_____

10. Briefly describe your relationships with your siblings._____

_____

_____

CHILDHOOD HISTORY

1. My childhood was:

☐ Very Happy ☐ Happy ☐ Unhappy ☐ Very Unhappy

2. Check any particular worries or problems you may have have as a child? Check where appropriate and give the best guess of age:

	YES	NO	AGE		YES	NO	AGE
BED WETTING	☐	☐	_____	NAIL BITING	☐	☐	_____
HYPERACTIVITY	☐	☐	_____	TEMPER TANTRUMS	☐	☐	_____
SLEEPWALKING	☐	☐	_____	CRUELTY TO ANIMALS	☐	☐	_____
NIGHT TERRORS	☐	☐	_____	GANG MEMBERSHIP	☐	☐	_____
STUTTERING/STAMMERING	☐	☐	_____	SHOPLIFTING	☐	☐	_____
RUNNING AWAY FROM HOME	☐	☐	_____	FIRE SETTING	☐	☐	_____
THUMB SUCKING	☐	☐	_____	VANDALISM	☐	☐	_____
OTHER:_____							_____

3. Describe how you were disciplined as a child: _____

_____

4. When you were growing up, were there others living in the house besides your parents, brothers and sisters? If yes, who and what was their relationship to you? _____

5. Was anyone, including yourself, abused in the family? Please indicate who was abused, by whom and the type of abuse.

WHO WAS ABUSED	BY WHOM	VERBAL	PHYSICAL	SEXUAL	EMOTIONAL

EDUCATIONAL HISTORY

1. Highest level of education you completed. _____ Age when completed_____

2. List all degrees completed and GPA:_____

3. If any degrees were unfinished, list reason for stopping. _____

4. During school did the following occur?

	Never	Occasionally	Frequently
Skipped school/classes	☐	☐	☐
I was suspended from school	☐	☐	☐
I was expelled from school	☐	☐	☐
Had to repeat a grade	☐	☐	☐

	Never	Occasionally	Frequently
I got in physical fights	☐	☐	☐
Smoking in school	☐	☐	☐
Alcohol use in school	☐	☐	☐
Conflicts with teachers	☐	☐	☐

OCCUPATIONAL HISTORY

1. What civilian jobs have you held?

Job Age Reason for Leaving

_____

_____

_____

2. Ever been in the military? ☐ Yes ☐ No Total Time in Service: _____

LEGAL/FINANCIAL HISTORY

1. Have you ever been arrested as a juvenile or adult? ☐ Yes ☐ No

2. Have you ever had legal problems as a result of financial difficulties? ☐ Yes ☐ No, If Yes, Please describe _____

_____

3. Are you currently having any financial difficulties? ☐ Yes ☐ No, If Yes, Please describe _____

_____

_____

SEXUAL HISTORY - MARITAL/UNION HISTORY

1. How do you identify your sexuality:

☐ Heterosexual (Straight) ☐ Homosexual (Gay/Lesbian) ☐ Bisexual ☐ Transgendered ☐ Other:_____

2. How old were you when you started dating? _____

3. How many significant relationships (lasting at *least* 6 months) have you had? _____

4. Do you currently live: ☐ alone (or with roommates) ☐ with someone you are involved with in a relationship

5. If you have ever been married, please fill out the following questions. If you have never been married, go to question 6.
How long have you been married to your present spouse/partner? _____
How long did you date your spouse/partner before you married?_____
How old were you when you were married? _____ How old was your spouse/partner? _____
What is your spouse's/partner's level of education? _____ What is your spouse's/partner's job?_____
How do you feel about your present marriage/union? _____

_____
In what areas of your relationship with your spouse/partner is there compatibility? _____

_____
In what areas of your relationship with your spouse/partner is there incompatibility? _____

_____

6. If you have children, please list them by name, gender and age:

NAME	AGE	SEX	FROM THIS *OR* A PREVIOUS RELATIONSHIP

7. Are any of the children experiencing significant behavioral problems? If so, please describe: _____

_____

_____

8. List all previous marriages/unions of you and your spouse/partner:

YOU	DATE	YOUR SPOUSE	DATE

9. Please indicate reasons for your own divorce(s) or separation(s):_____

_____

10. Was or is there any abuse within the relationship with you as the victim? ☐ You as the abuser? ☐

☐ Sexual ☐ Physical ☐ Emotional ☐ Verbal

11. Have you or your spouse ever abused *your* child? Yes ☐ No ☐

If yes: ☐ Sexual ☐ Physical ☐ Emotional ☐ Verbal

ADULT SOCIAL HISTORY

1. How would you describe your personality? _____

(please check all that apply to you)

☐ a leader	☐ a follower	☐ pessimistic	☐ optimistic	☐ a loner
☐ overcritical	☐ indecisive	☐ moody	☐ short-tempered	☐ confident

2. What traits/attributes do you think are your strong points:_____

_____

Weak points:_____

_____

3. How do you think people feel about you?_____

_____

4. How do you get along with other people?_____

_____

5. How do you let off steam?_____

_____

6. What are your favorite hobbies, interests, and activities?_____

_____

7. List your talents, achievements, and strengths: _____

8. Describe your current positive social support network (family, friends, co-workers): _____

9. Has a religious belief or spiritually been an important part of your life? ☐ Yes ☐ No if Yes: ☐ Past ☐ Current

10. Are your spiritual needs currently being met? ☐ Yes ☐ No

11. What are your goals in life? (What would you like to be doing 5 years from now?)_____

12. Please quickly review your answers to this questionnaire. Is there anything that has not been covered so far that you think I should know to better understand you and your present difficulties? Please comment:

13. How, do you think, I can best help you? _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!